GREAT WESTERN HOSPITALS NHS FOUNDATION TRUST

BOARD OF DIRECTORS

Thursday 7 September 2023, 9.30am to 12.45pm
By MS Teams

AGENDA

Purpose			
Approve	**Receive**	**Note**	**Assurance**
To formally receive, discuss and approve any recommendations or a particular course of action	To discuss in depth, noting the implications for the Committee or Trust without formally approving it	To inform the Committee without in-depth discussion required	To assure the Committee that effective systems of control are in place

		PAPER	BY	ACTION	TIME
OPENING BUSINESS					
1.	**Apologies for Absence and Chair's Welcome** Lisa Cheek, Lizzie Abderrahim, Julian Duxfield, Paul Lewis, Rommel Ravanan	Verbal	LC	-	9.30
2.	**Declarations of Interest** Members are reminded of their obligation to declare any interest they may have in any issue arising at the meeting, which might conflict with the business of the Trust	Verbal	LC	-	-
3.	**Minutes of the previous meeting (public)** Liam Coleman, Chair • 3 August 2023	1 – 11	LC	Approve	-
4.	**Outstanding actions of the Board (public)**	12 – 13	LC	Note	-
5.	**Questions from the public to the Board relating to the work of the Trust**		CC	Receive	9.45
6.	**Care Reflection (Patient Story) – Supporting patient with complex needs to receive dental treatment** Rayna McDonald, Deputy Chief Nurse	14 – 25	RM	Assurance	9.50
7.	**Chair's Report** Liam Coleman, Chair	26 – 28	LC	Note	10.20
8.	**Chief Executive's Report** Kevin McNamara, Chief Executive	29 – 37	KM	Note	10.30
9.	**Integrated Performance Report** • Integrated Performance Report – Pillar Metric deep dive and refresh	38 – 85	LC/ Executive Directors	Assurance	10.50
BREAK (10 minutes) at 11.15am					
	• Performance, Population & Place Committee Board Assurance Report (August) – Peter Hill, Non-Executive Director & Committee Chair	86 – 87	PH	Assurance	11.25

	• Quality & Safety Committee Board Assurance Report (August) – Claudia Paoloni, Non-Executive Director & Committee Chair	88 – 92	CP	Assurance	
	• Finance, Infrastructure & Digital Committee Board Assurance Report (August) – Faried Chopdat, Non-Executive Director & Committee Chair	93 – 94	FC	Assurance	
	• People & Culture Committee Board Assurance Report (August) – Peter Hill, Non-Executive Director & Committee Member	95 – 98	PH	Assurance	
10.	**Mental Health Governance Committee Board Assurance Report (July)** Liam Coleman, Chair & Committee Member	100 – 105	LC	Assurance	12.00
11.	**Charitable Funds Committee Board Assurance Report (August)** Peter Hill, Non-Executive Director & Committee Member	106 – 107	PH	Assurance	12.10
12.	**Workforce Disability Equality Standard (WDES) Annual Report 2022-2023 and Workforce Race Equality Standard (WRES) Annual Report 2022-2023** Jude Gray, Chief People Officer Sharon Woma, Lead for Equality, Diversity & Inclusion Amanda Wylie, Associate Director of Organisational Development	108 – 199	JG/SW/ AW	Approve	12.20
	CONSENT ITEMS **These are items that are provided for consideration. Members are asked to read the papers prior to the meeting, and unless the Chair/Secretary receives notification before the meeting that a member wishes to debate the item or seek clarification on an issue, the items and recommendations will be approved without debate at the meeting in line with process for consent items. The recommendations will then be recorded in the minutes of the meeting.**				
13.	**Ratification of Decisions made via Board Circular** Caroline Coles, Company Secretary	Verbal	CC	Note	12.40
14.	**Urgent Public Business (if any)** To consider any business which the Chair has agreed should be considered as an item of urgent business	Verbal	LC	-	-
15.	**Date and Time of next meeting** Thursday 2 November 2023 at 9.30am, DoubleTree by Hilton Hotel, Lydiard Fields, Swindon, Wiltshire, SN5 8UZ	Verbal	LC	Note	-
16.	**Exclusion of the Public and Press** The Board is asked to resolve:- *"that representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity of which would be prejudicial to the public interest"*	-	-	-	12.45

Board Meeting Timetable

2023											
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Board	Board	Board	Seminar	Board	Board	Seminar	Board	Board	Seminar	Board	Board
			Workforce, Culture & EDI			Patient Voice/Patient Safety Framework			Strategy		

Great Western Hospitals NHS Foundation Trust

MINUTES OF A MEETING OF BOARD OF DIRECTORS HELD IN PUBLIC AT THE DOUBLETREE BY HILTON HOTEL, SWINDON, SN8 5UZ AND VIA MS TEAMS 3 AUGUST 2023 AT 9.30AM

Present:

Voting Directors

Liam Coleman (LC)	Chair
Lizzie Abderrahim (EKA)*	Non-Executive Director
Nick Bishop (NLB)	Non-Executive Director
Lisa Cheek (LCh)	Chief Nurse
Faried Chopdat (FC)	Non-Executive Director
Jude Gray (JG)	Chief People Officer
Peter Hill (PH)	Non-Executive Director
Will Smart (WS)	Non-Executive Director
Helen Spice (HS)	Non-Executive Director
Felicity Taylor-Drewe (FTD)	Chief Operating Officer
Claire Thompson (CT)	Chief Officer of Improvement & Partnerships
Simon Wade (SW)	Chief Financial Officer
Jon Westbrook (JW)	Chief Medical Officer

In attendance:

Caroline Coles (CC)	Company Secretary
Naginder Dhanoa (ND)	Chief Digital Officer
Julian Duxfield (JD)	Non-Executive Director
Louisa Goddard (LG)*	Deputy Chief Nurse
Sarah-Jane Hughes (SJH)*	2nd Yr Nursing Student (agenda item 93/23 only)
Claire Lehman (CL)*	Associate Non-Executive Director
Lisa Marshall (LM)*	Director of Midwifery and Neonatal Services (agenda item 98/23 only
Wangari Murigu (WM)*	Oxford Brookes Student Council (agenda item 93/23 only)
Mayen Obol (MO)*	Oxford Brookes Student Council (agenda item 93/23 only))
Emily Palmer (EP)*	Oxford Brookes Student Council (agenda item 93/23 only))
Rommel Ravanan (RR)	Associate Non-Executive Director

Apologies

Paul Lewis	Non-Executive Director
Kevin McNamara	Chief Executive
Bernie Morley	Non-Executive Director
Claudia Paoloni	Non-Executive Director

Number of members of the Public: 1 member of public* (1 Governor: Pauline Cooke)

*Indicates those members attending virtually by MS Teams

Matters Open to the Public and Press

Minute	Description	Action
88/23	**Apologies for Absence and Chair's Welcome** The Chair welcomed Board members and attendees to the Great Western Hospitals NHS Foundation Trust Board meeting held in public. It was noted that Jon Westbrook was deputising in the absence of Kevin McNamara, Chief Executive.	

Minute	Description	Action

Apologies were received as above.

89/23 **Declarations of Interest**
There were no declarations of interest.

90/23 **Minutes of the previous meeting (public)**
The minutes of the Board meeting held in public on 1 June 2023 were adopted and agreed as a correct record, subject to the following amendments:

49/23 : People & Culture Committee Chair Overview – Replace the name of the Committee to *People & Culture Committee*.

52/23 : Safe Staffing 6-month review for Nursing & Midwifery – Amend the paragraph after the bullet points to read *"….*Continuity of Care team to continue to provide focussed *maternity* care….."

58/23 : Terms of Reference - Add sentence "*It was agreed to reduce the membership of the People & Culture Committee to 3 members."*

91/23 **Outstanding actions of the Board (public)**
The Board received and considered the outstanding action list.

92/23 **Questions from the public to the Board relating to the work of the Trust**
There was one question for the Board in relation to the police force attending mental health cases.

It was noted that whilst Wiltshire Police were supporting a new approach to dealing with health incidents, no decision had yet been made. The introduction of this scheme in Wiltshire was being carefully considered and taken in consultation with partnership organisations, which included Great Western Hospital.

A robust discussion took place around the new approach and the impact to the Trust in particular capacity and capability of staff. It was noted that the Mental Health Governance Committee received regular reports on this subject as A&E was already acting as a "designated place of safety" for people experiencing a mental health crisis. Lisa Cheek, Chief Nurse added that the Trust had invested in additional enhanced training for A&E staff recognising the increase in patients with mental health needs and that developing a more integrated approach across the system to mental health was crucial.

The Chair noted the positive engagement between external agencies and the Trust and the Board would be kept informed via the Mental Health Governance Committee in this area of concern.

The Board **noted** the report.

93/23 **Care Reflection (Staff Story) – Experiences of the Oxford Brookes University and Great Western Hospital Student Council**
Louisa Goddard, GWH Deputy Chief Nurse, Sarah-Jane Hughes, 2nd Yr Nursing student, Mayen Obol, Oxford Brookes Student Council, Wangari Murigu, Oxford Brookes Student Council, Emily Palmer, Oxford Brookes Student Council.

Minute	Description	Action

The Board received and considered a presentation on the collaboration between Oxford Brookes University and Great Western Hospital in forming a Student Council. Reflections on experiences, learning and aspirations were shared by the Council's co-Chairs.

During a robust discussion several benefits were highlighted which included improved leadership skills, enhanced communications, advocacy abilities and professional development. In addition, opportunities were explored which included volunteering, extended sharing learning, shaping the future NHS workforce, expanding networks, outreach programmes and involving students in Multidisciplinary Teams (MDTs).

The Board noted improvements to enhance the students experience further which included first identify by first name (not student) and ensuring the smooth transition from student to workplace.

The Board expressed their appreciation for the work accomplished so far and thanked the co-Chairs for sharing their valuable experience in this important first step into an NHS career.

The Board **noted** the reflections.

94/23 **Chair's Report**

The Board received and considered the Chair's Board Report which highlighted activities and shared information on governance developments within the Trust and externally. In particular the Board Safety Walks were highlighted which provided the aggregated themes that came through the walks. This was a high level summary and more detailed information and action plans were produced and circulated to the relevant teams and discussed at various committees.

Lizzie Abderrahim, Non-Executive Director requested that some examples of improvements as a result of the Board safety walks were incorporated into the next report.

Action : Chief Nurse LCh

In addition, the following were also highlighted:-

- the forthcoming visit of Amanda Pritchard, NHSE Chief Executive to the Trust on 4 August 2023 to see a range of services and activities;
- the recently published Fit and Proper Person Test (FPPT) Framework which although does not change the basic FPPT checks, has introduced some new requirements and provided additional clarity around expectations.

Peter Hill, Non-Executive Director wished to highlight Pauline Cooke stepping down as Deputy Lead Governor as Pauline had done an excellent job over the many years as Lead and Deputy Lead Governor. Liam Coleman, Chair added that Pauline was currently mentoring the new Deputy Lead Governor as Pauline's term of office as a governor would end in 2024. The Board thanked Pauline for her contribution, support, and dedication in her roles as Lead Governor and Deputy Lead Governor over the years.

The Board **noted** the report.

Minute	Description	Action
95/23	**Chief Executive's Report** The Board received and considered the Chief Executive's Report, and the following was highlighted: Industrial Action - The Trust continued to be impacted by industrial action as a result of the ongoing dispute between a number of Trade Unions and the Government. Further strikes were planned in August 2023. Although the Trust planned well for all industrial action, these continued to impact upon patients as well as staff. Will Smart, Non-Executive Director asked if there was any additional support being considered for the administrative staff for all the extra rebooking undertaken as a result of industrial action. Felicity Taylor-Drews, Chief Operating Officer replied that as well as additional support different ways of working were also being explored. Will Smart, Non-Executive Director highlighted that there were reports in the media of an anomaly that had emerged in how study leave was accounted for when junior doctors pay was calculated and asked if there was any impact on the Trust. It was noted that this was predominantly in London trusts and as yet the Trust had not undertaken this analysis and therefore the impact, if any, was not yet known. Faried Chopdat, Non-Executive Director commented that it would be useful to have oversight of the industrial impact in totality; financially, operationally and workforce for the next Board meeting. **Action : Chief Financial Officer**	SW
	Business continuity incident in June **–** The Trust declared a business continuity incident following two unplanned power outages on the same day. Although the power cut was out of the Trust's control and the response time good in getting teams managing the incident, the impact on losing power on the generator caused a slower time to kick in than expected. A full review was being undertaken. Liam Coleman, Chair commented that there had been a number of power incidents and the Trust still appeared to have some degree of weakness in its back up plans and whether there was anything further that could be done. Faried Chopdat, Chair of the Finance, Infrastructure & Digital Committee responded that the Committee had requested a holistic review between IT, Estates and Operations to be undertaken which would be reported back at the next meeting. **Action : Chief Digital Officer**	ND
	Naginder Dhanoa, Chief Digital Officer gave assurance that work was in hand working with the suppliers to further strengthen resilience and lessons had been learnt. Rommel Ravanan, Associate Non-Executive Director asked who was responsible for the outage and would there be any compensation. Simon Wade, Chief Financial Officer replied that the utilities company was responsible for the power cut and that potential compensation was possible however this was a complicated situation due to the PFI contract, and recent additional generators added to the infrastructure.	

Minute	Description	Action

Sulis Facility Bath - The Acute Hospital Alliance (AHA) had secured approval from NHS England and £25m national funding to increase elective orthopaedic capacity at Sulis (owned by Royal United Hospitals NHS Foundation Trust) for patients at the Royal United Hospital, Great Western Hospital and Salisbury Hospital along with the wider South West. Work would begin in the autumn and is due to be completed in June 2024.

Rommel Ravanan, Associate Non-Executive Director asked for clarification on the Sulis arrangements. Felicity Taylor-Drewe, Chief Operating Officer responded that the operational detail had not been worked through yet however the principle was that there would not be any additional costs and would be a cold site to access for surgery.

Robotic surgery - The robot continued to be used successfully within the Trust and Great Western was the first and only trust to use it on a regular basis within the region.

Long Term NHS Workforce Plan - The NHS Long Term Workforce Plan was published on 30 June 2023. It sets out projections for the NHS workforce with a focus on three areas; Recruit, Retain and Reform.

Celebratory Events - There were several celebratory events during June and July which included the NHS 75th birthday, a visit from the new leaders of Swindon Borough Council, the Trust's Leadership Conference and the Nursing & Midwifery Conference.

In addition, it was noted that:-

- the number of covid cases were on the rise with a couple of outbreaks within the hospital and community;
- the Electronic Patients Record (EPR) business case had been successfully approved by all three acute hospital boards and the ICB Board for submission to NHSE.

Lizzie Abderrahim, Non-Executive Director wished to highlight the Trust's first ever Change the Narrative event which took place in July. This was a story-telling event that featured staff and volunteers bravely sharing their stories about migrating to the UK to work in the NHS and was a credit to Sharon Woma, Equality Diversity Inclusion(EDI) Lead who organised the event.

The Board **noted** the report.

96/23 **Integrated Performance Report – Deep Dive**

The Board received the Integrated Performance Report (IPR) which provided commentary and progress on activity associated with key safety and quality indicators in May/June 2023, and although this was the quarterly deep dive of the breakthrough objectives the Chair deferred this to September 2023 Board meeting due to a couple of the Board Committee Chair absences at the meeting.

The Executive Directors highlighted areas to be drawn to the attention of the Board which included:-

Minute	Description	Action

- the NHS ED&I Improvement Plan had been published in June 2023 with 6 impact actions which included "*Chief Executive, Chairs and Board members must have specific and measurable EDI objectives to which they will be individually and collectively accountable*";
- the results of the quarterly Pulse Survey which would be available by 8 August 2023;
- voluntary turnover for May 2023 continued to be below the KPI target of 11%, which suggested that the work around retention was having an impact;
- the Trust had the lowest expenditure growth in the BSW ICS which reflected the work undertaken on productivity;
- system colleagues continued to work with the Trust in ambulance handovers;
- Clinical Ready to Proceed (CRTP) was a new metric as ED 12hr standard would disappear.

Our Performance
Performance, Population and Place Committee Chair Overview
The Board received an overview of the detailed discussions held at the Performance, Population and Place Committee (PPPC) at its meetings on 28 June and 26 July 2023 and the following highlighted:-

Emergency Access - June was the second highest attendance ever however there were still a number of improvements which included Clinically Ready to Proceed (CRTP) and, the average waiting time which the Trust was viewed as having the fourth best performance in the South West.

Rommel Ravannan, Associate Non-Executive Director asked if the busiest months were due to population behaviour. Felicity Taylor-Drewe, Chief Operating Officer said that June was a rare month due to weather conditions however the spike was not national and only within Swindon and Bristol, however in reality, did not know the answer to that question.

Referral to Treatment Time (RTT) - The Trust continued to perform well against the 78-week standard being one of the three trusts in the South West achieving the KPI. However, there was an increase in the over 65-week waiters, especially in Gastroenterology and the number of 52-week waiters had doubled in the past 12 months. The Committee noted the impact of the recent strike action on this and other KPI's.

Elective Access – Diagnostics - The Committee received a presentation regarding the diagnostic improvement plan with a particular focus on the recruitment campaign in Radiology. Performance overall remained a concern, however the team remained confident of meeting the 6-week waiting time trajectory by the end of quarter four.

Cancer Performance - The service continued to struggle against the waiting time targets, although remained one of the South West's best performances in this area. The Committee heard of improvements planned for the diagnostic pathway in Urology and the return of the Locum Dermatologists who would target long waiters albeit for only four months. The service continued to work on longer term solutions.

The Chair asked for an update on the cancer services provided by partner specialist services. Felicity Taylor-Drewe, Chief Operating Officer confirmed that the plastics

Minute	Description	Action

pathway had been resolved however in terms of dermatology different approaches were being explored as a System due to the challenges in recruitment.

Theatres Improvement Programme - The team demonstrated good progress on all fronts and the Committee noted the recent strike action had impacted on theatre session cancellations.

Health Inequalities Quarterly Update - The Committee received an initial data collection on health inequalities in relation to waiting lists and various initiatives and would monitor progress going forward.

Our Care
Quality & Safety Committee Chair Overview
The Board received an overview of the detailed discussions held at the Quality & Safety Committee (Q&SC) at its meetings on 22 June and 20 July 2023 and the following was highlighted:

IPR Targets - The Committee received assurance that there was a good understanding of the issues and robust plans in place, which were modified when necessary, to address the issues.

Infection, Prevention & Control (IP&C) Annual Report - The Committee was assured that this report reflected the current status of GWH's relatively high infection rates for the South West Region but there was strong leadership and a realistic action plan to address this.

Lisa Cheek, Chief Nurse added that new leadership in this area had been successful however there were still challenges particularly within two areas, C-Diff and Pseudomonas. The pattern of rising C-diff rates had been seen across the BSW and a system-wide review was being undertaken around demographics in particular exploring weight and diabetes correlation. In terms of Pseudomonas rates there was an action plan in place which included water tests and improved cleaning and there was a more detailed report to Quality & Safety Committee in August 2023.
Action : Chief Nurse LCh

National Neonatal Audit - The report demonstrated the great work at the Trust and exceeded many national rates and influenced work across the region.

Mortality Report - The Committee noted the issue in the number of Structured Judgement Reviews (SJR) completed and was satisfied that this was being addressed.

Jon Westbrook, Chief Medical Officer added that there had been a long running issue around clinical coding and there had been a significant amount of work to achieve a 96% target for the national deadline submission for 2022/23. In view of the backlog in coding the Trust had requested a local analysis to be undertaken by Telstra health (formerly Dr Foster) for assurance that the Trust were not an outlier for mortalities. A new clinical lead for mortality had also been appointed to commence in July 2023 to strengthen this area.

Will Smart, Non-Executive Director asked if the Medical Director was confident that there was no other reason that caused the rise in mortality rates. Jon

Minute	Description	Action

Westbrook, Medical Director replied that the SHMI mortality indictor rate had increased and was higher than expected however this was based on historical data and followed the national trend. The local analysis undertaken gave assurance the increase was due to the coding gap.

Tendables Matrons' Audit and Ward Accreditation Update - A ward accreditation framework had been introduced against which wards would be assessed and rated and future reporting to the Quality & Safety Committee was under review to ensure that assurance around the right areas can be maintained.

Electronic Discharge Summaries (EDS) - This was a long running issue with significant challenges to reduce backlog. A considerable amount of work had been undertaken to understand the issue and manage it. An alternative platform has been identified and to progress this option the established working group had expanded its membership into other specialties.

Use of Resources
Finance, Infrastructure & Digital Committee Chair Overview
The Board received an overview of the detailed discussions held at the Finance, Infrastructure & Digital Committee (FIDC) at its meetings on 26 June and 24 July 2023 and the following was highlighted:

New Format - It was noted that FIDC was testing a new format for the Board Committee Assurance Report which included a new assurance rating scale.

Financial Position - The Trust was clearly in deficit mode which was challenging due to a number of factors outside the Trust's control partly due to a risk share in the system and industrial action.

EPR Business Case - The full EPR business case was presented to the Committee for discussion and scrutiny. The Committee supported the business case and recommended this for discussion and approval at Board.

Risk Report - Regular quarterly reporting from each of the corporate divisions were now in place. June was Finance and July Digital/IT. Risk reporting was appropriate and the risk scores challenged.

Agency Spend - Significant progress had been made in the area with regard to nursing however further focus was required around medical spend.

Simon Wade, Chief Financial Officer wished to highlight in that the Trust were under plan against agency spend in the South West. This reflected the good work that had been going on in this area and other trusts had contacted the hospital in order to share learning.

Electronic Patient Record (EPR) Programme - The full business case had been approved by all 3 acute hospital boards however the risk still remained around NHSE approval and funding.

Power Outage - The Committee received an update and lessons learnt around the power outage however, there were several gaps that both the Infrastructure and IT/Digital teams needed to follow up to provide a comprehensive view and assurance to the Committee.

Minute	Description	Action

There followed a discussion around the new Board Committee Assurance Report particularly the assurance ratings. It was agreed to take the debate off line. All comments from Board members were welcome to input into the discussion and the final format.

Our People
People & Culture Committee
The Board received an overview of the detailed discussions held at the People & Culture Committee (P&CC) at its meeting on 30 June 202 and it was noted that the biggest risk was workforce.

Lizzie Abderrahim, Non-Executive Director asked for clarity on the disparity ratio as she believed that this had been changed to reporting on discrimination. Jude Gray, Chief People Officer took the action to clarify the measurement.
Action : Chief People Officer JG

The Board **noted** the report.

97/23 **Audit, Risk & Assurance Committee Assurance Report**
The Board received an overview of the detailed discussions held at the Audit, Risk & Assurance Committee at its meeting on 23 June 2023 and highlighted the following:-

Annual Report & Accounts 2022/23 - The approval of the Annual Report and Accounts 2022/23, as delegated by the Board, was the main focus of the meeting.

BDO Internal Audit Annual Report 2022/23 - The BDO Internal Audit Annual Report for 2022/23 provided an overall moderate assurance opinion and confirmed that no major weaknesses were identified in the internal control system for the areas reviewed.

Internal Audits - Three internal audits were reviewed with no areas of concern identified. One specific audit, Job Planning, would be followed up in 12 months' time as although the Trust had robust job planning processes and systems in place at the time of the review implementation of the policies and job plans as completed was not evident.

It was noted that the internal audit work plan for 2023/24 had been approved but later than normal due to the change in internal auditors.

Counter Fraud Annual Report and Return - The Committee noted that the Counter Fraud Functional Standard Return for 2022/23 was submitted within the deadline and all areas were rated green.

External Audit - This year had been a much smoother process with good engagement. There remained challenges around the Fixed Asset Register but no major changes to the accounts for 2022/23.

Liam Coleman, Chair asked if the internal audits undertaken during 2022/23 had demonstrated any degradation compared to previous years. Helen Spice, Chair of Audit, Risk & Assurance Committee replied that the areas selected for audit were areas that were known to be challenging however with new auditors the expectation

Minute	Description	Action

would be for a different approach. It was noted that compared to previous years the assurance ratings were more limited however this was a similar picture with other trusts.

The Board **noted** the report.

98/23 **Three Year maternity and Neonatal Services Single Delivery Plan**

Lisa Marshall, Director of Midwifery & Neonatal Services joined the meeting for this agenda item.

The Board received and considered a report that provided a summary of the themes detailed in the Three Year Maternity & Neonatal Delivery Plan including key highlights for celebration and the Trust's strategy for achievement of full compliance.

It was noted that currently the Trust would not be fully compliant due to the revised Saving Babies Lives care bundle which required a significant increase in ultrasound capacity for the maternity provision, and the challenge in achieving year 5 of the CNST standard.

Liam Coleman, Chair asked what was required to achieve compliance. Lisa Marshall, Director of Midwifery & Neonatal Services replied that the team were at an early stage of working through the options and as this was the first review more detail would be brought through the Quality & Safety Committee.

The Chief Nurse added that this was one of many maternity reviews which had enabled the Trust to further strengthen its processes and structures resulting in a much better oversight in this area. The Trust continued to develop and challenge in this area to do things differently, this would include a review of its current reporting to Board and sub committees to agree a consistent reporting structure within the AHA.

The Board **noted** the report.

99/23 **Standing Financial Instructions, Scheme of Delegation and Powers Reserved to the Board**

The Board received and considered a revised Standing Financial Instructions (SFIs) which included the Scheme of Delegation (SofD) and Powers Reserved to the Board and the following highlighted:-

- The SFIs had been reviewed based on the SFI's for RUH, to ensure there was consistency within the BSW system.
- Revisions had been proposed to the Scheme of Delegation financial limits which aimed to ensure that the budget holders in the lower levels of the Trust's hierarchy had greater accountability.
- There were no amendments proposed to the Scheme of Reservation for the Trust Board (previously Powers Reserved for the Board) since the last review in February 2022, except for change of job titles.
- The Finance, Infrastructure & Digital Committee had considered the SFIs & SofD and recommended that the Board approve the proposals.

Minute	Description	Action

RESOLUTION

that the Board approves the Standing Financial Instructions, including he Scheme of Delegation and Powers Reserved to the Board.

Consent Items
Consent Items Note – these items are provided for consideration by the Board. Members were asked to read the papers prior to the meeting and, unless the Chair / Company Secretary received notification before the meeting that a member wished to debate the item or seek clarification on an issue, the items and recommendations would be approved without debate at the meeting in line with the process for Consent Items. The recommendations would then be recorded in the minutes of the meeting.

100/23 **Ratification of Decisions made via Board Circular**
None.

101/23 **Responsible Officer Annual Report**
The Board received and noted the Responsible Officer Annual Report.

This report had been reviewed in detail by the Quality & Safety Committee and recommended approval by the Board for publication.

RESOLUTION

that the Board approves the Responsible Officer Annual Report for publication.

102/23 **Urgent Public Business (if any)**
None.

103/23 **Date and Time of next meeting**
It was noted that the next meeting of the Board would be held on 3 August 2023 at 9.30 am, at the Double Tree by Hilton, Swindon.

The meeting finished at 1444 hrs.

NHS
Great Western Hospitals
NHS Foundation Trust

ACTIONS ARISING FROM MEETINGS OF THE TRUST BOARD (matters open to the public) – September 2023				
PPPC - Performance, Population and Place Committee, P&CC – People & Culture Committee, Q&SC - Quality & Safety Committee, RemCom - Remuneration Committee, FIDC – Finance, Infrastructure & Digital Committee, ARAC – Audit, Risk and Assurance Committee				
Date Raised	**Ref**	**Action**	**Lead**	**Comments/Progress**
3-Aug-23	95/23	**Chief Executive's Board Report : Industrial Action** Oversight of the industrial impact in totality; financially, operationally and workforce information to be supplied for the next Board meeting.	Chief Financial Officer	As August data was not available in time for submission of papers a verbal update at the meeting will be provided.
3-Aug-23	95/23	**Chief Executive's Board Report : Business Continuity Incident in June** Full holistic review of the recent IT/power outage incidents.	Chief Digital Officer	For FIDC
3-Aug-23	96/23	**Integrated Performance Report : Our Care : Infection Prevention & Control** Improvement plans in testing water and environment to be presented to next Quality & Safety Committee	Chief Nurse/Chief Financial Officer	For Q&SC
3-Aug-23	96/23	**Integrated Performance Report : Our People** Clarity on what measure indicator was being used; disparity ratio or discrimination.	Chief People Officer	The metric has changed to discrimination and the measurement is the disparity % between white staff and BME staff experiencing discrimination from a colleague or manager. We are also monitoring the % to understand the trend of both group.

Future Actions				
3-Aug-23	94/23	**Chair's Board Report : Board Safety Walks** Some examples of improvements as a result of the Board safety walks to be incorporated into the next report.	Chief Nurse	Feb-24

Report Title	**Care Reflection (Patient Story)**				
Meeting	**Trust Board**				
Date	**7th September 2023**	Part 1 (Public) [Added after submission]	x	Part 2 (Private) [Added after submission]	
Accountable Lead	Lisa Cheek, Chief Nurse				
Report Author	Tania Currie, Head of Patient Experience and Engagement Peter Thomas, patients father Rayna McDonald, Deputy Chief Nurse				
Appendices	PowerPoint Presentation				

Purpose

Approve		Receive		Note		Assurance	x
To formally receive, discuss and approve any recommendations or a particular course of action		To discuss in depth, noting the implications for the Board/Committee or Trust without formally approving it		To inform the Board/Committee without in-depth discussion required		To assure the Board/Committee that effective systems of control are in place	

Assurance Level

Assurance in respect of: process/outcome/other (please detail):

Significant		Acceptable	x	Partial		No Assurance	
High level of confidence / evidence in delivery of existing mechanisms / objectives		General confidence / evidence in delivery of existing mechanisms / objectives		Some confidence / evidence in delivery of existing mechanisms / objectives		No confidence / evidence in delivery	

Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:

Report

Executive Summary – Key messages / issues of the report (inc. threats and opportunities / resource implications):

This Care Reflection will be presented by Peter who is the father of Alec.

Alec is 31-year-old man who was diagnosed as severely autistic with "complex learning difficulties" aged 2 years old. He lives with his parents and requires 24-hour care.

Alec required inpatient dental treatment and there had been several failed attempts over about a 5-year period to facilitate his admission to hospital, but this was unsuccessful for various reasons. This was an extremely challenging time for both Alec and his parents as the treatment would have meant forcibly subjecting him to anaesthetic, which obviously would have caused significant distress. An emergency plan was then to be put in place in case Alec needed urgent treatment.

In 2022, Alec was brought to the Emergency Department in distress as a temporary filling had fallen out, he had several decayed teeth and gum disease, and he was in pain and distress. Due to COVID he had not been seen by a dentist for many months and unfortunately no one could find the emergency plan.

Alec's parents contacted Mencap who identified two anaesthetists from London that had experience of similar cases and after discussions with them they agreed to discuss Alec's case with colleagues in Swindon and Bath.

A decision was made to dedicate people and resources to ensure that the treatment went ahead, and a multidisciplinary team was formed to facilitate the proposal, taking time to fully understand Alec's needs.

A plan was developed involving sedation in the carpark and involvement of his family during the procedure. Alec was treated and returned home in an ambulance with appropriate medication and support calls from the hospital and his family were supported by a Learning Disability specialist nurse.

Since the time that it was agreed to dedicate the resources the family report that the execution of Alec's treatment was flawless, communication was good, support was wonderful, the treatment was very successful, and the aftercare was excellent.

Peter will share his and his families very personal experience.

The learning identified from this case has already been shared widely across the trust and key themes identified that can be replicated if a similar case occurred.

Link to CQC Domain – select one or more	**Safe**	**Caring**	**Effective**	**Responsive**	**Well Led**
Links to Strategic Pillars & Strategic Risks – select one or more	★				
	x				
Key Risks – risk number & description (Link to BAF / Risk Register)					**Risk Score**
	NA				
Consultation / Other Committee Review / Scrutiny / Public & Patient involvement	The learning from this care reflection will be shared widely via divisional governance structures across the trust				
Next Steps					

Equality, Diversity & Inclusion / Inequalities Analysis	Yes	No	N/A
Do any issues identified in the report affect any of the protected groups less / more favourably than any other?		x	
Does this report provide assurance to improve and promote equality, diversity, and inclusion / inequalities?			x
Explanation of above analysis: Not formally assessed			

Recommendation / Action Required

The Board/Committee/Group is requested to:

- To receive the presentation as assurance of the developments and improvements in patient pathways of care identified from this Care Reflection.

Accountable Lead Signature	
Date	1st September 2023

NHS
Great Western Hospitals
NHS Foundation Trust

Care Reflection – Alec's story

Trust Board – 7th September 2023

Presented by Mr Peter Thomas, Alec's father and Rayna McDonald Deputy Chief Nurse.

"Oh! Just BRING HIM IN ...."

A 17 year quest for appropriate dental treatment.

A Difficult Patient

- 32 years old.
- Severe Autism.
- Complex learning difficulties.
- Lacks capacity.
- Verbal, Sensitive, Intelligent, Reading age 7.
- Intensely aware of his surroundings.
- Severe fear of medical situations.
- No concept of cause and effect.
- Would not cooperate with treatment.

The Treatment

- Arranged in 5 months.
- 7 molar extractions under GA with closely supervised recovery.
- Comprehensive effort from c20 dedicated medical/legal/logistics professionals.
- Novel solutions to new problems.
- Success!!
- Excellent planning and aftercare.

The Problem

- Early Trauma from 2005.
- Treatment took 12 years.
- Inexperienced parents.
- 4 referrals, 4+ anesthetists, 3 failed attempts.
- 5 Years of "desensitisation".
- 12 years of progress-chasing, reprioritising, escalating.
- 12 years pain and distress getting progressively worse.

The good bits

- Desensitisation – Had to be tried.
- The 3rd attempt - Nearly worked.
- The 4th attempt - Overwhelmed all issues.

Key issues (1):

- Early trauma : "There's no lying in bed and no mask!"
- The “Paradoxical reaction” to Pre-med.
- What happened last time ? - Similar cases ?
- Send him somewhere else! - The futile trip to Gloucester.
- Restraint - The absent court of protection 2015-17.
- The Anesthetist variable - "He must walk in, unaided".

Key Issues (2)

- Drugs ... sedation, pain relief and the need to experiment.
- The need to chase ... Months passed and nothing happened.
- The need to escalate ... PALS, Mencap and the "senior NHS people".
- The emergency plan ... What plan??

Key Factors for Success and Learning

Great Western Hospitals NHS Foundation Trust

- Leadership and co-ordination is key to success
- Power of the Mutli-disciplinary approach
- Early and proactive involvement of the family – as an expert resource
- Focus on building trust and confidence
- Understanding and appreciation of the clinical and professional risks

Key Factors for Success and Learning

Great Western Hospitals NHS Foundation Trust

- Acceptance that significant resource is required
- Focussed use of external legal advice and develop system resource
- Support for clinicians to escalate cases early to allow planning
- Develop a guide/blue print of how to approach similar cases

Report Title	**Chair's Board Report**				
Meeting	**Trust Board**				
Date	**7 September 2023**	Part 1 (Public)	x	Part 2 (Private)]	
Accountable Lead	Liam Coleman, Chair				
Report Author	Caroline Coles, Company Secretary				
Appendices	Appendix 1 : Fit & Proper Person Test Framework Briefing				

Purpose

Approve		Receive		Note	x	Assurance	
To formally receive, discuss and approve any recommendations or a particular course of action		To discuss in depth, noting the implications for the Board/Committee or Trust without formally approving it		To inform the Board/Committee without in-depth discussion required		To assure the Board/Committee that effective systems of control are in place	

Assurance Level

Assurance in respect of: process/outcome/other (please detail):

Process

Significant	x	Acceptable		Partial		No Assurance	
High level of confidence / evidence in delivery of existing mechanisms / objectives		General confidence / evidence in delivery of existing mechanisms / objectives		Some confidence / evidence in delivery of existing mechanisms / objectives		No confidence / evidence in delivery	

Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:

Report

Executive Summary – Key messages / issues of the report (inc. threats and opportunities / resource implications):

This report provides the Board of Directors with a summary of key headlines and shares information on governance developments within the Trust and externally.

The report provides information in respect of:-

- Council of Governors
- Non-Executive Directors
- Strengthening Board Oversight
- Key Meeting Dates.

Link to CQC Domain – select one or more	Safe	Caring	Effective	Responsive	Well Led
					x
Links to Strategic Pillars & Strategic Risks – select one or more	★				
	x		x	x	x
Key Risks – risk number & description (Link to BAF / Risk Register)	-				Risk Score
	-				
Consultation / Other Committee Review / Scrutiny / Public & Patient involvement	-				
Next Steps	-				

Equality, Diversity & Inclusion / Inequalities Analysis	Yes	No	N/A
Do any issues identified in the report affect any of the protected groups less / more favourably than any other?			x
Does this report provide assurance to improve and promote equality, diversity and inclusion / inequalities?			x
Explanation of above analysis:			

Recommendation / Action Required The Board/Committee/Group is requested to:	
The Board is requested to note the contents.	
Accountable Lead Signature	Liam Coleman, Chair
Date	30 August 2023

Chair's Board Report

This report provides the Board of Directors with a summary of key headlines and shares information on governance developments within the Trust and externally during August 2023.

1. Council of Governors

1.1 The Lead Governor attended the opening of the Children's Ward Bathroom.
1.2 The Lead & Deputy Lead Governor were invited on to the Hospital Radio.
1.3 The governors set up a stand to promote membership in the Trust Atrium on 21 July and 15 August 2023.
1.4 The governors attended an information talk on 14 August 2023 on Sleep Apnoea.
1.5 The Lead & Deputy Lead Governor attended a regular meeting with the Chair on 16 August 2023.
1.6 A Business & Planning Working Group was held on 15 August 2023.

2. Non-Executive Directors

2.1 Annual appraisals for the Non-Executive Directors have been completed and a report on the outcomes of the reviews were presented to the Nominations & Remuneration Committee on 31 August 2023.

3. Strengthening Board Oversight & Development

3.1 NHS England (NHSE) has developed a response to the recommendations made by Tom Kark KC in his 2019 review of the Fit & Proper Person Test. The review made seven recommendations, five of which are being taken forward at this time in the FPPT Framework. The framework does not change the basic Fit & Proper Person Test (FPPT) checks, as the underpinning regulations have not changed; however, it has introduced some new requirements and provides additional clarity around expectations. A briefing note is attached as appendix 1.

4. Key Meetings during August 2023

Meetings	Purpose
Bi-monthly meeting with Chair/Deputy Chair/ Senior Independent Director	Regular meeting to update and discuss any topical issues
1-2-1 meeting with Chief Executive	Regular meeting
Monthly Chair/Lead Governors' Meeting	Regular meeting to update and discuss any topical issues
Finance, Infrastructure & Digital Committee	Attended Board Committee as observer

NED appraisals	Annual review of performance
Visit by Amanda Pritchard, Chief Executive, NHSE	Visit to Trust to see a range of services and activities
Collaboration & Opportunity Meeting with ICB colleagues	Further opportunities for system working.
Nominations & Remuneration Committee	To report on the outcome of the annual performance review of NEDs.

Report Title	Chief Executive's Report				
Meeting	Trust Board				
Date	7 September 2023	**Part 1 (Public) [Added after submission]**	**X**	**Part 2 (Private) [Added after submission]**	
Accountable Lead	Chief Executive Officer				
Report Author	Kevin McNamara, Chief Executive Officer				
Appendices	N/A				

Purpose

Approve		**Receive**		**Note**	**X**	**Assurance**	
To formally receive, discuss and approve any recommendations or a particular course of action		To discuss in depth, noting the implications for the Board/Committee or Trust without formally approving it		To inform the Board/Committee without in-depth discussion required		To assure the Board/Committee that effective systems of control are in place	

Assurance Level

Assurance in respect of: process/outcome/other (please detail):

Board members are asked to note the report.

Significant		**Acceptable**		**Partial**		**No Assurance**	
High level of confidence / evidence in delivery of existing mechanisms / objectives		General confidence / evidence in delivery of existing mechanisms / objectives		Some confidence / evidence in delivery of existing mechanisms / objectives		No confidence / evidence in delivery	

Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:

The Chief Executive's report provides an overview of a broad range of current issues at the Trust themed around operations, quality, systems and strategy, and workforce, wellbeing and recognition.

Report

Executive Summary – Key messages / issues of the report (inc. threats and opportunities / resource implications):

This report includes updates on:

- The importance of speaking up, and being heard
- The Patient Safety Incident Response Framework
- Industrial action
- Visit of NHS Chief Executive Officer Amanda Pritchard to the Trust
- Interim Chief Executive Officer arrangements
- Staff survey

Link to CQC Domain – select one or more	**Safe**	**Caring**	**Effective**	**Responsive**	**Well Led**
	X	**X**	**X**	**X**	**X**
Links to Strategic Pillars & Strategic Risks – select one or more	★				
Key Risks – risk number & description (Link to BAF / Risk Register)					**Risk Score**
Consultation / Other Committee Review / Scrutiny / Public & Patient involvement					
Next Steps					

Equality, Diversity & Inclusion / Inequalities Analysis	Yes	No	N/A

Do any issues identified in the report affect any of the protected groups less / more favourably than any other?	X		
Does this report provide assurance to improve and promote equality, diversity and inclusion / inequalities?	X		

The report contains information on the work we are doing to enable a speaking up and listening culture, and also to promote the opportunities for staff to tell us what they think through quarterly and annual staff surveys.

The report also details work by our Race Equality Network to celebrate South Asian culture with a special event in the Academy at Great Western Hospital.

Recommendation / Action Required The Board/Committee/Group is requested to:	
▪ **Note the report**	
Accountable Lead Signature	Kevin McNamara
Date	31 August 2023

1. The importance of speaking up – and being heard

Reflections following the Lucy Letby trial

I know that the entire Board and colleagues across the Trust have spent time reading the outcome of the Lucy Letby trial and reflecting on what that means for our patients and the Trust as a whole. Lucy Letby was a Neonatal Nurse who was found guilty of the murder and attempted murder of babies in her care at the Countess of Chester Hospital in and around 2015/16.

The news reports have been very difficult to read, and it is hard to imagine the trauma and pain that the parents of the babies have been going through over these past few years.

In response to the outcome of the trial, we have provided support to staff on our Neonatal Unit colleagues and made information available to parents of babies in the unit given the understandable concerns and worries a case like this can generate. We have also made visits to the unit to speak to staff and listen to any concerns or questions they may have.

While there is no direct link between this case and our Trust, there is clear learning for everyone working within the NHS, whether working with children or other patient groups. Thinking carefully about what we do next as a Trust is important for us – challenging ourselves to hold on to the uncomfortable questions that a case like this generates and ensuring we understand the culture that allowed this to continue in the way that it did and what that means for us and our own culture here at our Trust.

On some elements, since this case first took place, the NHS has strengthened oversight of deaths through the introduction of the Medical Examiner (ME) role across all parts of the country. The role of the ME is to ensure an accurate cause of death is recorded, to identify concerns surrounding the death itself which can then be further investigated if required, and to agree on the proposed cause of death and the overall accuracy of the medical certificate cause of death.

In Swindon, we have these arrangements in place allowing for independent challenge and scrutiny of all deaths not investigated by the Coroner to help us identify where issues require much closer examination or potential investigation.

Speaking up and listening

One element this case puts into sharp focus is the importance of effective speaking-up processes and a culture where staff feel empowered to speak up freely.

But just as important is the culture that listens and acts on feedback and the early warning signs.

This element has been the focus of a national letter sent to all organisations which asks Trusts to undertake the following actions as a priority:

1. *All staff have easy access to information on how to speak up.*

2. *Relevant departments, such as Human Resources, and Freedom to Speak Up Guardians are aware of the national Speaking Up Support Scheme and actively refer individuals to the scheme.*

3. *Approaches or mechanisms are put in place to support those members of staff who may have cultural barriers to speaking up or who are in lower-paid roles and may be less confident to do so, and also those who work unsociable hours and may not always be aware of or have access to the policy or processes supporting speaking up. Methods for communicating with staff to build healthy and supporting cultures where everyone feels safe to speak up should also be put in place.*

4. *Boards seek assurance that staff can speak up with confidence and that whistle-blowers are treated well.*

5. *Boards are regularly reporting, reviewing, and acting upon available data.*

Within the Trust, we have many channels through which staff can raise concerns and speak up beyond the formal Freedom to Speak Up (FTSU) Guardians process. Following the trial, we have reminded staff of these channels. We have also reminded relevant departments of the national Speaking Up Support Scheme.

However, we know from our own experience and discussions with staff that there is room for improvement generally and from a specific Freedom to Speak Up Guardian perspective, we were in the process of seeking to refresh and re-launch our FTSU process in October as part of Freedom to Speak Up Month. We will use this month to reinforce the important messages around the channels that are available and the staff support.

I am also keen to get a fresh, objective view of our speaking up and listening culture and at the time of writing I am seeking support to undertake this piece of work which ultimately will be reported to the Board. This aim is to answer several key questions including:

- Do we have effective systems and processes in place that empower all staff regardless of background or profession to speak up freely?
- Do we have systems and processes in place that ensure we listen to those concerns effectively and act on them?
- How effectively do we use the range of quality intelligence and data we have, to ensure it acts as an early warning system for things that require a deeper look?
- Are we supporting leaders at all levels to understand their role in listening to and responding to concerns raised?

Given the links to people and culture the Executive sponsorship for this will be provided by Jude Gray, Chief People Officer, drawing on senior clinical and non-clinical leadership from across the Trust.

In the coming weeks, our Trust Management Committee will be holding a reflective session on the issues that this case raises and what it means for the way we do things. Divisions have also been asked to make time to discuss what we need to do through their governance structures.

We will also be spending time through professional groups to discuss the outcome and the initial learning and will use our communications channels to speak with all our staff about this during September.

In discussion with the Chair, we will also be setting aside time as a Board to discuss and reflect on our role in promoting the right culture and using data to drive our curiosity.

Nationally, we have also been reminded of our legal obligations under the Fit and Proper Person Test for all NHS organisations and the requirement not to appoint anyone to the Board unless they fully satisfy those requirements – *'including that they have not been responsible for, been privy to, contributed to, or facilitated any serious misconduct or mismanagement (whether lawful or not)'*.

A full paper on the Fit and Proper Person Test is elsewhere on the agenda for this meeting.

Patient Safety Incident Response Framework

This autumn, the new Patient Safety Incident Response Framework (PSIRF) will be implemented across the NHS.

This represents a significant shift in the way we respond to patient safety incidents, with a sharper focus on data and understanding how incidents happen, engaging with families, and taking effective steps to improve and deliver safer care for patients.

PSIRF will replace the current Serious Incident Framework.

Staff will see changes to the management of patient safety incidents and documentation and changes to the way we learn from patient safety events. We have raised awareness of this with our staff and training is also available for specific groups.

2. Operational updates

2.1. Industrial action

We continue to be impacted by industrial action, and have now reached nine months of patients having their treatment affected by disputes between groups of NHS staff and the Government over pay.

Most recently, British Medical Association Consultants went on strike for 48 hours last week, with junior doctors having taken action from 11-15 August.

BMA Consultants and junior doctors will hold their first ever joint action in September and October.

Consultants had already announced plans to strike for 48 hours from 19 September, and will be joined by junior doctors on 20 September. Junior doctors will then continue their strike on 21 and 22 September.

Both consultants and junior doctors will then strike together on 2, 3 and 4 October.

Staff are expected to provide Christmas Day-level cover meaning that emergency care will continue to be provided.

This escalation in the dispute will have significant impact on patients and planning is already underway for the strikes.

In the recent ballot, junior doctors voted overwhelmingly in favour of continuing strike action, and the BMA's mandate for industrial action has now been renewed for another six months.

3. Quality

3.1. World Patient Safety Day

This year we will be marking World Patient Safety Day (Sunday 17 September) across three days, from 12pm-2pm each day from 11 – 13 September, to allow as many staff as possible to join, learn and share ideas.

The theme for the event this year is 'Engaging patients for patient safety', which is a key priority area of the NHS Patient Safety Strategy.

3.2. Sunflower Ward

Our temporary community ward in Swindon – Sunflower Ward in Princess Lodge – stopped being used for patient care last month and the space has been handed back to the leaseholder.

As we focus on providing more care in patients' homes, a decision was made in partnership with Bath and North East Somerset, Swindon, and Wiltshire Integrated Care Board, to change how the space on Sunflower Ward is used, giving Swindon Borough Council the opportunity to introduce more residential nursing beds in Swindon.

This carefully managed project saw a phased reduction in patients referred to Sunflower Ward over the past couple of months, until the final patient left this month.

All members of the multidisciplinary team have been supported through the redeployment process, with the majority taking new roles within the Trust and a few staff choosing to take the next step in their career externally.

Patients will continue to receive the same quality of care provided on Sunflower Ward, either in their own home or in Swindon Intermediate Care Centre on the Great Western Hospital site.

3.3. Theatres Refurbishment

Work has begun on the refurbishment of our operating theatres.

Three theatres will be refurbished in September, with work on the others expected to be completed next summer.

This work will see upgrades and repairs to theatre pendants and lighting, surgeon control panels, new flooring, and the redecoration of operating spaces.

4. Systems and Strategy

4.1. Visit of NHS Chief Executive Officer Amanda Pritchard

Along with the Chair, I was pleased to welcome NHS CEO Amanda Pritchard to the Trust for the first time earlier this month.

Amanda was shown the work underway on our Integrated Front Door, and visited our Emergency Department and Urgent Treatment Centre (which recently celebrated its one year anniversary).

She also spoke to staff in our Coordination Centre and in our Pharmacy department, where she heard about developments in medicine across the Acute Hospital Alliance.

Amanda visited Workspace to hear about our Improving Together work and also spoke to staff about our work to improve training and career opportunities and our support for international nurses through the Stay and Thrive programme.

The visit was a significant milestone for our Trust and this was a great opportunity to showcase some of great work at the highest level.

4.2. Interim arrangements for Chief Executive Officer role

Ahead of my leaving the Trust in late 2023 to take up the position of Chief Executive Officer of Gloucestershire Hospitals NHS Foundation Trust, interim arrangements have been put in place.

Chief Medical Officer Jon Westbrook has been appointed as Deputy Chief Executive and will become Acting Chief Executive on 1 January 2024 until a substantive appointment has been made.

Chief Financial Officer Simon Wade will support Jon in the role of Acting Deputy Chief Executive from the same date.

Details of the recruitment process for the substantive post will be shared shortly.

5. Workforce, wellbeing and recognition

5.1. Staff survey

The results of the latest quarterly National Quarterly Pulse survey show a slight dip in answers to questions relating to 'I am able to make improvements happen in my area of work' and 'I would recommend my organisation as a place to work' – but the overall trend for both questions is up.

We also asked staff to tell us just one of the positive aspects about working for the Trust, and received many positive comments in connection with our work to support staff to make improvements.

We will get a fuller picture of staff views on the organisation through the annual staff survey, which this year launches on 11 September and runs until 24 November.

Last year we had a 59% response to the national staff survey, reaching eighth place nationally on this measure. We hope to improve on this position this year and are strongly encouraging all staff to have their say to help us to improve our organisation.

5.2. Flu vaccination programme

Our flu vaccination programme launches later this month and we will be encouraging all staff to take up the offer of a vaccine in order to protect themselves, their family, friends, colleagues and patients.

We have asked registered nurses to sign up to become peer-to-peer vaccinators which will enable our staff to obtain the vaccine in their area of work.

5.3. STAR of the Month

Oriel Davies, Lead Radiographer, won our latest STAR of the Month Award. Oriel has worked tirelessly to deliver the best experience for patients, as well as supporting the delivery of a mobile diagnostics pad.

Oriel has also led a radiographer recruitment initiative, recruiting into posts that will continue to support the delivery of service for patients.

5.4. South Asian Heritage Event

Our Race Equality Network organised a special event to celebrate South Asian Heritage Month in the Academy.

Guest speakers shared their experiences and stories before an authentic South Asian lunch and networking opportunities.

Teams from across the Trust were on hand sharing information and advice including our Admiral Nurses, PALS talking about Interpreting and Translation Services, and the Trust's Equality, Diversity and Inclusion lead Sharon Woma.

South Asian Heritage Month runs from 18 July to 17 August each year, celebrating the South Asian cultures that link the UK with South Asia and significantly impact various aspects of our life, such as food, clothing, music, words, and the overall ambiance of our towns and cities.

5.5. Great West Fest

Our third annual family festival, Great West Fest, was due to take place on Saturday 2 September, from 12 – 9pm.

Around 3,500 staff and family members signed up for the free day of music, performers, circus acts, children's circus skills, arts and crafts, fun fayre rides and much more.

Report Title	**Integrated Performance Report (IPR)**				
Meeting	**Trust Board**				
Date	**7th September 2023**	Part 1 (Public) [Added after submission]	x	Part 2 (Private) [Added after submission]	
Accountable Lead	Felicity Taylor-Drewe, Chief Operating Officer Simon Wade, Chief Financial Officer Jude Gray, Director of HR (Human Resources) Lisa Cheek, Chief Nurse				
Report Author	Al Sheward – Deputy Chief Operating Officer Rayna McDonald – Deputy Chief Nurse Claire Warner – Associate Director of HR Operations John Ridler – Associate Director of Finance				
Appendices	Use of Resources: • Statement of Financial Position • Working Capital • Income & Expenditure – Variance Run Rate • SPC (Statistical Process Control) Chart – Pay				

Purpose							
Approve		**Receive**		**Note**	x	**Assurance**	x
To formally receive, discuss and approve any recommendations or a particular course of action		To discuss in depth, noting the implications for the Board/Committee or Trust without formally approving it		To inform the Board/Committee without in-depth discussion required		To assure the Board/Committee that effective systems of control are in place	

Assurance Level
Assurance in respect of: process/outcome/other (please detail):

Significant		**Acceptable**	x	**Partial**		**No Assurance**	
High level of confidence / evidence in delivery of existing mechanisms / objectives		General confidence / evidence in delivery of existing mechanisms / objectives		Some confidence / evidence in delivery of existing mechanisms / objectives		No confidence / evidence in delivery	

Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:

Report
Executive Summary – Key messages / issues of the report (inc. threats and opportunities / resource implications):

Our Performance

Key highlights from the report this month are:

OPERATIONAL PILLAR METRICS

Of the 6 Operational Pillar Metrics, improvements have been seen in Emergency Care Meantime across Emergency Department (ED) and the Urgent Treatment Centre (UTC). There is a worsening position for RTT, Cancer. ED attendances saw a reduction with NCTR bed days also showing a small reduction.

Cancer 62 day - Cancer 62 day waiting times remain below standard. Deterioration for the fourth month.

RTT (Referral to Treatment) 65 Week Waiters – July performance shows the total number of patients waiting over 65 weeks at 621 a small reduction from June 2023. No patients above 78 weeks or 104 weeks were reported in July. There are no plans for any patients to be over 78 weeks in August 2023.

Emergency Care, Emergency Department Mean Stay – There has been a significant improvement in July.
Emergency Care, Emergency Department & Urgent Treatment Centre Emergency Attendances. July has seen a small improvement returning to data seen in October 2022.

I**npatient Spells, Number of Non-Criteria to reside (NC2R (Non-Criteria to Reside)) days.** The number of patients who remain in an Acute Hospital bed without a Criteria to Reside (NC2R) saw a small decrease in July 2023. The Trust is now delivering a NCTR position below the national recommended 13% of General and Acute Beds.

OPERATIONAL BREAKTHROUGH OBJECTIVE

Clinically Ready to Proceed (CRTP) This group of patients includes Type 1 attendances. who saw a decrease in the time from arrival to being CRTP. Mean time from ED to CRTP reduced in month.

Alerting Watch Metrics

Key alerting measures include, RTT, DM01, Cancer, ED and Flow. RTT shows no change this month although improvement in the number of patients wating more than 52 weeks. DMO1 performance continues to improve as planned. Deterioration has been seen across 2 of the 3 Cancer alerting metrics. ED demonstrates improvements In the time patients spend in ED, but no significant change in Ambulance Handover delays. All flow measures show improvements for the 3rd month.

Our Care

The Integrated Performance report (IPR) for Care presents our performance in key quality and patient safety indicators, reporting is based on the Improving Together methodology.

Strategic Pillar Targets

1. To achieve zero avoidable harm within 5-10 years
2. To achieve consistent positive response rates in excess of 86% from patient friends and family test.

There has been a slight increase in the total number of harms up to 225 from 211 last month. The increase is linked in the main to a rise in infection related harms, with an increase in E. Coli, Pseudomonas, Methicillin-susceptible Staphylococcus aureus (MSSA) and hospital acquired COVID infections.

There has been a further drop in the number of falls related harms in month. The is the 4th monthly decrease in falls harms, with the lowest rate since February 2022.

The number of Family and Friends (FFT) positive responses has increased in a month and is now above the internal target of 86%.

Breakthrough Objectives

Pressure harms acquired in our care (either as an inpatient or in the community), has been identified as the top contributor due to frequency and level of harm, therefore it has been developed as a Breakthrough objective. For 2023-24 the following new targets have been agreed.

1. Reduction in the number of pressure harms by 20% across the organisation in 2023/24 compared to 2022/23.
2. Zero category 4 pressure ulcers across the organisation
3. Zero category 3 pressure ulcers in the acute setting.

July has seen an increase in both acute and community pressure related harms, with 42 in the community setting in month, affecting 36 patients. An increase of two harms from last month. There has been an increase in Mucosal harms, and it is thought this may be due to increased awareness following continence training to 100 delegates in June and Pressure Ulcer training to 60 delegates in July.

Alerting Watch Metrics

There has been a slight increase in the Trust complaint response rate in month to 78%, but it remains just below the internal target of 80%.

The rate of C. difficile infection continues to be above that of 2022/23. This is also the case nationally. Early feedback from BaNES, Swindon, Wiltshire's (BSW) system-wide cases reviews has identified some patient lifestyle and health history factors, although this is not recognised in the general population, so the formal outcome of the review is awaited.

Rates of all three reportable gram-negative bloodstream infections (E. coli, Klebsiella and Pseudomonas aeruginosa) remain higher than previously seen. Work continues to improve environmental cleanliness following the changes to cleaning practice in April. A number of measures are being undertaken to address the increased rate of Pseudomonas this includes increased water-sampling.

Non-alerting Watch Metrics

Significant points to note relating to non-alerting watch metrics include:

- The total number of falls and rate per 1000 bed days has continued to decrease for the fourth consecutive month.
- Three Serious Incidents have been declared in month, all will be investigated under the Serious Incident Framework
- There has been a decrease in the number of concerns in month, and a slight increase in the number of complaints.
- There has been one reported Methicillin-resistant Staphylococcus Aureus (MSRA) infections in month. This is the first case since February 2023.
- FFT overall response rate has reduced to 25%, this is under the internal target of 28%
- The number of hospital acquired COVID cases has risen in month to 22.

Our People

This section of the report presents workforce performance measured against the pillars of the 'People Strategy' – Great workforce planning, opportunities, experience, employee development and leadership. Each area is measured with a KPI (Key Performance

Indicators) indicator achievement score and self-assessment score based on progress in month.

Strategic Pillar Target from A3 goals:
To aim to be in the top 20% of Trusts for staff survey results and in the lower quartile for turnover within Model Hospital.
The Trust aims to improve our Staff Survey response rates year on year and increase the number of staff "recommending the Trust as a place to work"

Breakthrough Objectives
The Trust Breakthrough objective is to achieve a 5% improvement in the question "*I am able to make improvements happen in my area of work*" in the Staff Survey. The Q2 Pulse Survey results show a decrease in the percentage of staff who feel able to make improvements happen in their area of work, 52.55% compared to 57.2% in Q1. However, this is above the annual staff survey results of 51.8%, but remains below our 55% target for the annual survey which is due to be launched in September (Q3)
More positively the percentage of staff who would "*recommend the Trust as a place to work"*, (Trust Pillar Metric) has remained stable with a small reduction from 58% in Q1 to 57% in Q2, a sustained improvement since of the annual survey (51%)

Alerting Watch Metrics
Sickness absence remains only slightly above KPI a 3.8% however a sustained improvement when compared to previous year (5.1%)
Inclusion Measure: Staff Survey Q16b, "I*n the last 12 months have you personally experienced discrimination at work from manager / team leader or other colleagues?".* Result shows a disparity between White staff and BAME staff (more BAME staff experience discrimination from a manager/team leader or other colleague then white staff). Q2 pulse survey shows a disparity improvement to 10.3% compared to 13.5% in the annual staff survey and against a target of 8.3%. However, whilst the gap is improving, both white staff and BAME staff are reporting discrimination (White staff from 6.3% to 12.9% and BAME 19.8% to 23.2%).

Non-Alerting Watch Metrics
Voluntary turnover for June 2023 continues to be below the KPI target of 11%.

The % of leavers within 1st year of employment has further decreased in June 2023 to 23.5%.

HR Scorecard

The vacancy rate has reduced further in July (7.8%). No changes to our establishment WTE were seen in-month, with the reduction in our vacancy position being driven by recruitment activity.

Agency spend as a percentage of the total paybill has increased in July 2023 to 4.18% although remains below the Trust target of 4.5 in-month agency spend was slight above plan by £0.28M and year-to-date is £0.16M over target.

Use of Resources

As at M4 the Trust is in a £5.3m deficit position which represents a £3.9m adverse variance to plan. Pay and non-pay pressures are driving the adverse variance.

The driving factors are predominantly: industrial action c.£1.1m; efficiency c.£1.1m behind plan and temporary staffing overspends of c.£1.7m. We continue to assume ERF income will be paid to plan, despite us not delivering the planned activity that should link to payment. For us, this equates to c.£3.3m additional income in our year-to-date position that we have not earned. If we were to exclude this, our position would be £8.6m deficit.

For pay (£5.4m adverse YTD), £2.9m is driven by the Medicine division. Of this, £1.8m is due to temporary staffing covering vacant posts across medical and nursing and the remaining £1.1m are costs covering industrial action. ICC division is £0.6m over budget due to temporary staffing spend covering medical/nursing vacancies in Cancer care, Community care and Sunflower ward, while Corporate is £0.3m adverse and Surgery is £0.1m adverse, also due to temporary staffing overspends on admin and nursing staff. £2m of the pay award was not in the original plan (offset by income), and the balance of £0.6m favourable variance is within the non-divisional position to be allocated against the risk share (target split over pay and non-pay), where we planned for reduced non-recurrent cost to balance our full-year position.

One of the key drivers of the non-pay (£5.3m adverse YTD) is the £1.1m shortfall on efficiency savings. A further £0.5m is due to clinical supplies across all divisions, while drugs and the PFI operating costs are £0.4m overspent in total. The remaining £3.3m overspend relates to the planned system risk share allocation.

The income variance of £6.8m favourable YTD is driven by several factors including the release of year end accruals (£0.9m) going against the risk share, Cancer project income in ICC (£0.8m) and Sunflower ward funding (£1m) offset by cost. Additional pay award funding after plan submission contributes £2m income variance, although this is offset by staff costs. Other variances include other operating income (£0.7m) and income from patient care (c£1m) from chemotherapy and diagnostic over performance.

Efficiency savings were £0.6m behind target in month and are £1.1m behind plan on a YTD basis. The in-month and YTD deficits are driven by Medicine, and specifically non-delivery of both nursing and medical agency savings.

Link to CQC (Care Quality Commission) Domain – select one or more	**Safe**	**Caring**	**Effective**	**Responsive**	**Well Led**
Links to Strategic Pillars & Strategic Risks – select one or more	★				
	x		x	x	x
Key Risks – risk number & description (Link					**Risk Score**

to BAF (Board Assurance Framework) / Risk Register)		
Consultation / Other Committee Review / Scrutiny / Public & Patient involvement	PPPC (Performance, Population & Place Committee) & Trust Board	
Next Steps		

Equality, Diversity & Inclusion / Inequalities Analysis	Yes	No	N/A
Do any issues identified in the report affect any of the protected groups less / more favourably than any other?	X		
Does this report provide assurance to improve and promote equality, diversity and inclusion / inequalities?	X		

Explanation of above analysis

Workforce

The IPR report identifies issues where minoritized protected groups experience is less favourable than other groups. This is specifically around the staff survey question 16B and experience of discrimination from colleague or manager. The staff survey provides this data by ethnicity, and it is likely that other groups both protected and non-protected have reported discrimination. The report identifies a number of countermeasures and actions are underway and planned to reduce discrimination for all staff and specifically those in protected groups. The report references workforce indicators such as sickness, retention and vacancy rate which are likely to be affected by the disparities between the working life experience of majority group staff and minoritized staff. National analysis of the NHS (National Health Service) staff survey studies, results indicate that exclusionary behavior correlates with staff intention to leave the NHS and other research indicates the link between discrimination and physiological, psychological, and behavioral consequences. By addressing the disparity, we will be:

- Helping to reduce the Trust Disparity Ratio (probability white staff being promoted from lower to upper bands compared to BAME (Black, Asian, and Minority Ethnic) staff) over time
- Helping to reduce the impact of conscious and unconscious bias, thereby increasing opportunities for marginalised candidates to join the Trust – this will positively impact the shortlisting-to-appointment ratio (WRES (Workforce Race Equality Standard) and WDES)
- Supporting retention and engagement by improving perceptions and experience of equal opportunities
- Improve our employee value proposition
- Sharing good practice so that they can continue to apply good practice beyond the boundaries of the programme

https://www.hee.nhs.uk/sites/default/files/documents/Pan-LondonDiscrimination%26RacismPrimaryCareSurvey_Final.pdf
https://lcp.uk.com/our-viewpoint/2023/04/burnt-out-or-something-more-examining-the-real-root-cause-of-nhs-workforce-challenges/
Workforce race inequalities and inlcusion in NHS providers (kingsfund.org.uk)

Recommendation / Action Required The Board/Committee/Group is requested to:	
The Board/Committee/Group is requested to: ▪ ***Review and support the continued development of the IPR*** ▪ ***Review and support the ongoing plans to maintain and improve performance***	
Accountable Lead Signature	 **Felicity Taylor-Drewe**
Date	23rd August 2023

Great Western Hospitals
NHS Foundation Trust

Integrated Performance Report

August 2023

July 2023 & June 2023 data period

Improving together

Content & introduction

Great Western Hospitals NHS Foundation Trust

Section & purpose	Slides
Key indicators This is the NHS Oversight Framework indicators for 2023/24 and provides a summary of our performance against national standards	3-4
Executive summary This provides an overview of the targets, performance and countermeasures (remedial actions) for each of our pillar metrics	5-11
Breakthrough objectives This provides a more detailed analysis of performance and risks related to the 4 key metrics for improvement: patients developing pressure ulcers; Emergency Department - Clinically Ready to Proceed; Emergency Department and staff survey results	12-15
Our Care This includes key indicators and watch metrics related to our care of patients, as assured by the Quality & Safety Committee	16-18
Our Performance This includes key indicators and watch metrics related to our access performance, as assured by the Performance, Population & Place Committee	19-22
Use of Resources This includes key indicators and watch metrics for finance as assured by the Finance, Infrastructure & Digital Committee, and is also subject to a separate board report	23
Our People This includes key indicators and watch metrics for our workforce, as assured by the People & Culture Committee	24-28
Explaining the IPR This section explains how the work of front line teams to drive improvement connects from 'ward to board' through our operational management system, and the business rules we apply to support that.	29-41

Key Indicators

NHS
Great Western Hospitals
NHS Foundation Trust

Measure Name	Mean/Thres.	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
Total patients waiting more than 52 weeks	2123 (Avg)	1,568	1,926	2,164	2,281	2,188	1,817	1,833	2,159	2,240	2,385	2,469	2,448
Total patients waiting more than 65 weeks	500 (Avg)	280	404	531	631	610	463	455	384	458	525	640	621
Total patients waiting more than 78weeks	37 (Nat)	35	44	40	45	68	62	56	2	1	1	0	0
Total patients waiting more than 104 weeks	0 (Nat)	0	0	0	1	0	0	0	0	0	0	0	0
Total elective activity undertaken compared with 2019/20 baseline	104% (Nat)	84.1%	89.9%	89.0%	89.5%	86.9%	97.5%	99.3%	136.3%	92.7%	102.9%	105.7%	83.0%
Value weighted elective activity vs target	104% (Nat)	95.8%	90.1%	94.4%	95.8%	101.5%	104.9%	99.4%	130.4%	103.0%	108.0%	96.2%	95.9%
Outpatient follow-up activity levels compared with 2019/20 baseline	75% (Nat)	94.5%	88.8%	79.7%	97.0%	86.9%	90.0%	93.6%	117.4%	86.9%	89.3%	96.0%	86.3%
Percentage of patients who receive a diagnostic test within six weeks of referral	99% (Nat)	43.9%	46.5%	50.4%	52.3%	48.0%	48.5%	54.2%	56.1%	50.4%	52.3%	52.2%	Reported one month behind
Total patients treated for cancer compared with the same point in 2019/20	104% (Nat)	105.3%	112.1%	89.7%	140.3%	116.5%	125.4%	126.1%	71.2%	95.0%	105.2%	134.1%	Reported one month behind
Cancer - percentage of patients on the waiting list who have been waiting more than 62 days	2% (Nat)	11.0%	12.4%	11.5%	8.4%	11.6%	10.0%	6.3%	5.6%	10.2%	9.5%	9.0%	Reported one month behind
Total Cancer patients waiting over 62 days	0 (Int)	326	284	258	223	178	150	110	145	189	188	150	Reported one month behind
Proportion of patients meeting the faster cancer diagnosis standard	75% (Nat)	73.7%	67.1%	64.7%	73.2%	78.2%	70.8%	77.8%	76.5%	73.6%	71.3%	65.0%	Reported one month behind
Proportion of ambulance arrivals delayed over 30 minutes	47.3% (Avg)	42.9%	46.3%	49.9%	47.2%	60.1%	44.6%	47.8%	47.2%	46.1%	44.2%	46.1%	45.6%
Proportion of Patients spending more that 12 Hours in an Emergency Department (Type 1 & 3)	2% (Nat)	8.2%	8.4%	8.5%	8.2%	9.4%	8.9%	8.0%	8.0%	7.1%	6.7%	7.4%	6.9%
Ambulance average Category Two response time	00:18:00 (Nat)	00:45:26	00:56:34	01:08:36	01:09:25	03:05:12	00:44:55	00:46:13	00:53:23	00:37:25	00:40:02	00:51:09	00:46:15
Proportion of patients discharged from hospital to their usual place of residence	94.4% (Avg)	93.9%	94.3%	94.2%	94.0%	93.8%	94.2%	94.6%	94.3%	94.4%	95.3%	95.3%	94.6%
Average hours lost to ambulance handover delays per day	52 (Avg)	51.0	61.0	66.3	59.9	49.0	67.3	53.3	46.5	31.7	34.1	54.3	49.1
Adult general and acute type 1 bed occupancy (adjusted for void beds)	92% (Nat)	98.8%	99.0%	98.6%	99.3%	98.9%	99.0%	98.5%	98.7%	98.0%	98.5%	98.2%	97.9%
Percentage of beds occupied by patients who no longer meet the criteria to reside	19.4% (Avg)	18.6%	21.3%	21.4%	22.1%	21.0%	18.4%	18.4%	23.1%	19.8%	14.4%	16.6%	17.4%

Key Indicators

Great Western Hospitals NHS Foundation Trust

Measure Name	Mean/Thres.	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
Summary Hospital-level Mortality Indicator	1	0.93	0.95	0.98	1.00	1.02	1.04	1.06	1.08	1.11	1.12	1.12	1.07
National Patient Safety Alerts not completed by deadline	0 (Nat)	1	0	0	0	0	0	0	0	0	0	0	0
Consistency of reporting patient safety incidents	100% (Nat)	100%	100%	100%	100%	100%	100%	83%	83%	83%	83%	83%	83%
Overall CQC rating		Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement
Methicillin-resistant Staphylococcus aureus (MRSA) bacteraemia infection	0 (Nat)	0	0	1	1	1	2	3	3	3	3	3	4
Clostridium difficile infection	100.0%	91.7%	100.0%	91.7%	97.9%	85.4%	81.3%	87.5%	102.1%	106.5%	123.9%	117.4%	130.4%
E. coli bloodstream infection	100.0%	113.0%	114.5%	110.1%	114.5%	123.2%	129.0%	143.5%	156.5%	157.6%	169.7%	142.4%	147.0%
CQC well-led rating		Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
Proportion of staff in senior leadership roles who are from BME background	16% (Nat)	5.9%	6.0%	6.5%	6.8%	6.8%	6.8%	6.6%	6.6%	6.3%	5.2%	5.2%	Reported one month behind
Proportion of staff in senior leadership roles who are women	64% (Nat)	67.0%	66.3%	67.3%	67.5%	67.5%	68.2%	68.4%	67.5%	68.1%	58.6%	56.9%	Reported one month behind
Financial efficiency - variance from efficiency plan (£'000)	+/-	-268	-247	190	-378	-338	-400	-238	281	-377	-384	334	-641
Financial stability - variance from break-even (£'000)	+/-	-1848	-1938	-363	-1672	-1502	-1579	-1469	-1482	-2157	-2591	-144	-659
Financial stability - variance from PLAN (£'000)	+/-	-268	-408	1154	389	164	106	214	-18	-893	-2132	-223	-733

Measure Name	Mean	2017	2018	2019	2020	2021	2022
Aggregate score for NHS staff survey questions that measure perception of leadership culture	6.8	6.8	6.8	7.1	6.9	6.5	6.7
Staff survey engagement theme score	6.9	6.9	6.9	7	7	6.7	6.7
Proportion of staff who agree that their organisation acts fairly with regard to career progression/promotion regardless of ethnic background, gender, religion, sexual orientation, disability or age	57.5%	59.6%	54.1%	60.4%	57.1%	56.1%	56.4%
Stillbirths per 1,000 total births	2.3	-	2.4	1.9	2.1	2.8	Waiting for data
Neonatal deaths per 1,000 total live births	1.2	-	1.4	1.0	1.0	1.3	Waiting for data

Executive Summary

Great Western Hospitals NHS Foundation Trust

Total Harms

The Strategic Pillar target is to achieve zero avoidable harm within 5-10 years. Our calculation for total avoidable harms aggregates incidences of the following in each month;

- Pressure harms
- Falls
- Hospital acquired infections (including Covid-19)
- Medication incidents
- Serious incidents
- Never Events

Pressure ulcers/harms acquired in our care (either as an inpatient or in the community), has been identified as the top contributor due to frequency and level of harm, therefore it has been developed as a Breakthrough Objective.

The other harms are all presented as watch metrics later in the report.

Patient Experience (FFT)

The Friends and Family Test is a national scheme which encourages patients to provide feedback about their experience of using our services. Patients are asked the question, Overall, how was your experience of our service? and have six options ranging from very good to very poor and don't know, there is also an area for free text comments, results are collated monthly.

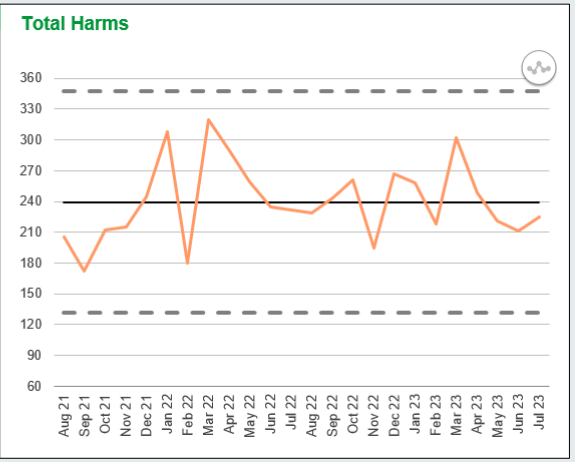
The FFT is mandated across all acute providers and therefore provides an opportunity to benchmark across the country. It is important to consider the proportion of patients completing the test and the overall positive score together, we have therefore added completion rates as watch metrics to our overall scorecard.

We have set ourselves a target of 86% for the combined positive response rate, this is based on the mean from 2021-22 plus 2%.

Total Harms

To achieve and sustain zero avoidable harm.

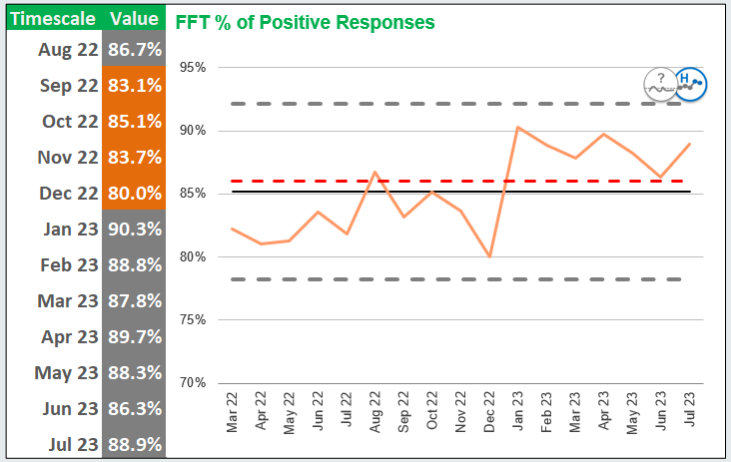
Timescale	Value
Aug 22	229
Sep 22	243
Oct 22	261
Nov 22	195
Dec 22	267
Jan 23	258
Feb 23	218
Mar 23	302
Apr 23	248
May 23	221
Jun 23	211
Jul 23	225



Patient Experience (Friends & Family Test)

To achieve consistent positive response rates in excess of 86% from patient friends and family test.

Timescale	Value
Aug 22	86.7%
Sep 22	83.1%
Oct 22	85.1%
Nov 22	83.7%
Dec 22	80.0%
Jan 23	90.3%
Feb 23	88.8%
Mar 23	87.8%
Apr 23	89.7%
May 23	88.3%
Jun 23	86.3%
Jul 23	88.9%



Counter Measures

The number of harms has increased slightly from the previous month. This is in the main due to an increase in infection harms. The number of falls has fallen in month.

The number of hospital acquired infections has remained high for *C. difficile* and for the gram-negative bloodstream infections. Rates of Methicillin-susceptible Staphylococcus aureus (MSSA) remain low, although there has been one Methicillin-resistant Staphylococcus aureus (MRSA) in month. This supports a link with environmental cleanliness, since *C. difficile* and gram-negative organisms are associated with colonisation of the environment. Serco are working to an action plan to improve standards, and this is being monitored at executive level. Trust continues to drive improvements for hand hygiene and equipment cleaning.

For July there has been a slight increase in the number of Family and Friends positive responses, and it remains over the internal target of 86%.

- The trial of an interactive therapeutic Virtual Reality headset to support children undergoing procedures proved very successful. The device assists with relaxation, distraction, pain relief and mental health crisis.
- The new Changing Places facility on the children's ward has been completed.
- The Pals team now have a dedicated role for Equality, Diversity, and Inclusion that was developed through service evaluation and redesign. The role will lead with any specific communication challenges, accessibility, interpreting and translation services.

Executive Summary

NHS Great Western Hospitals NHS Foundation Trust

Trust Access Standards - Referral to Treatment (RTT) & Cancer Standards
It is poor patient experience to wait longer than necessary for treatment and failure against these key performance standards is a clinical, reputational, financial and regulatory risk for the Trust.

In common with many other providers, the Trust has not consistently achieved the National Cancer Standards or Access standard for RTT. Nationally expectations are being reset around targets. Countermeasures for the deteriorations seen here are listed below.

Cancer 62 Day
In June, there were 51.5 breaches in total, with 37.0 of these attributed to the Urology, Skin and Colorectal pathways. Skin and Colorectal have increased demand resulting in capacity challenges. We continue to see greater than normal breaches in Urology. We have seen a greater number of breaches due to outpatient capacity and Biopsy. Other breaches in Urology relate to patients needing time to consider which choice of treatment they would prefer.

RTT: Number of patients waiting over 65 weeks

The number of patients waiting over 65 weeks decreased in month by 19 patients, to 621. This was driven by reductions in Pain Management (-41), Ophthalmology (-16) and Respiratory (-13). General Surgery (+18), Gastroenterology (+17) and Paediatrics (+13) had the highest increases in the 65 week wait position in month.

Internally, a stretch trajectory has been set for all patients who would be potentially waiting over 65 weeks at the end of March 2024 (the '65-week cohort') to be treated or discharged by the end of December 2023.
Focussed support via a weekly improvement plan is being provided to Gastroenterology, Respiratory, General Surgery, Urology, Orthopaedics and Paediatrics as these services are not on track to achieve the stretched trajectory.
Ears, Nose and Throat (ENT), Ophthalmology, Neurology, Endocrinology, Rheumatology, Podiatry and Physiotherapy are on target to deliver the stretched trajectory.

Zero 78-week breaches were reported at the end of July 2023.

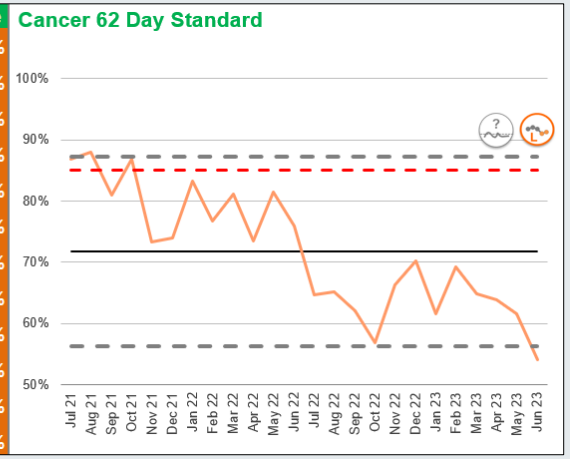
Felicity Taylor-Drewe
Chief Operating Officer

Service | Teamwork | Ambition | Respect

Cancer 62 Day

To achieve and sustain 85% performance for patients on a Cancer pathway.

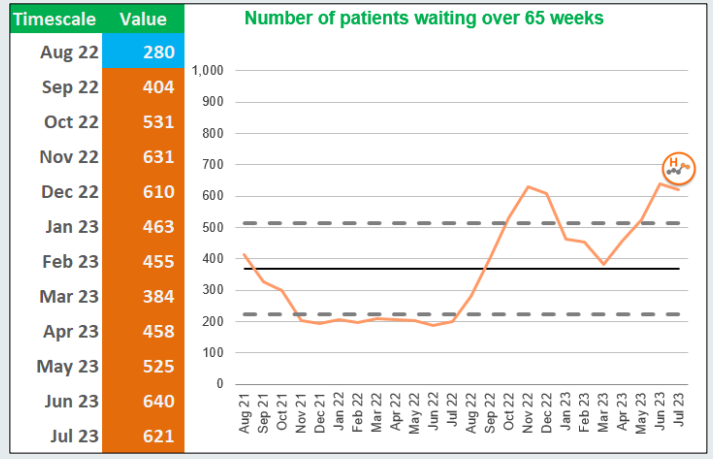
Timescale	Value
Jul 22	64.7%
Aug 22	65.1%
Sep 22	62.0%
Oct 22	56.9%
Nov 22	66.4%
Dec 22	70.2%
Jan 23	61.6%
Feb 23	69.3%
Mar 23	64.8%
Apr 23	63.8%
May 23	61.5%
Jun 23	54.0%



RTT: Number of patients waiting over 65 weeks

To eliminate over 65-week waiters by March 2024 supporting reduction in average waiting times.

Timescale	Value
Aug 22	280
Sep 22	404
Oct 22	531
Nov 22	631
Dec 22	610
Jan 23	463
Feb 23	455
Mar 23	384
Apr 23	458
May 23	525
Jun 23	640
Jul 23	621



Counter Measures

Risk: Capacity in Dermatology & Plastics is insufficient to see and treat patients.
Mitigation:
Plastics - Seeking further Mutual aid from OUH and Cotswold Surgical Partners. Plastic Consultants have agreed to see additional patients on a pay per patient basis. Monthly theatre lists have been implemented for ENT and Oral Surgery Consultants.
Dermatology – A Locum Consultant returned from long term leave in June, which will create greater capacity, however the clearing of the backlog may see an increase in breaches. We are using CSP for BCC patients that will reduce the number of patients being referred to the Plastics team.

Risk: Urology Pathway are often complex requiring multiple diagnostics, with multiple treatment options needing to be discussed at Tertiary centres before treatments can be planned. Patients requiring additional treatment following an incomplete TURBT procedure will breach due to recovery and planning time.
Mitigation: Pathway improvement manager is working with service to implement the best practice timed pathway which includes a Demand/Capacity review of TRUS biopsies. The Surgical team are undertaking LATP biopsy training with a view to reducing the demand on TRUS biopsies, this will start to have an impact from Q2..

Risk: Colorectal 2ww triage & Appointment post MDT.
Mitigation Service has direct oversight of the registrar rotas with Consultant input to allow triage to happen. Registrar clinics in place to aid outpatient capacity for first appointment and MDT slots are allocated to clinics.

Risk: Insufficient capacity to recover 65 week + breach position by March 2024
Mitigation:
- Patient level details/plans updated on weekly basis in line with recovery trajectory. For specialities adverse to their 65-week trajectory, deep dives are in place to understand top contributing reasons for the position to then identify rapid improvement actions.
- Unfit patients/patient choice being managed in line with Trust Access Policy.
- Additional clinical capacity being provided across services for patients at risk of breaching the 65 week standard.

Risk: Reduced capacity due to the proposed industrial action across multiple staff groups.
Mitigation:
- All elective activity on proposed strike days reviewed. Maximum clinical sessions running where staffing allows.
- Patient impact assessed and alternative sessions to be provided. Long waiting and cancer patients prioritised.
- Long waiting and cancer patients to be brought forward to reduce the risk of cancellation.

Executive Summary

NHS
Great Western Hospitals
NHS Foundation Trust

Emergency Care – Emergency Department - Mean Stay

Patients are delayed within the Emergency Department (ED). This is a marker of a crowded system resulting in delays in assessment, investigation, treatment and discharge.

The total meantime in July ’23 was 394 minutes against the national standard of 240 minutes.

July showed a significant improvement in the mean time in ED having reduced from 410 minutes in June.

Flow in ED remained challenging seeing a decrease in ambulance delays >60mins from 549 in June to 541 in July

Emergency Care – Urgent Treatment Centre - Mean Stay

Patients are not delayed within the Urgent Treatment Centre (UTC). This is a marker of a service that is functioning as expected

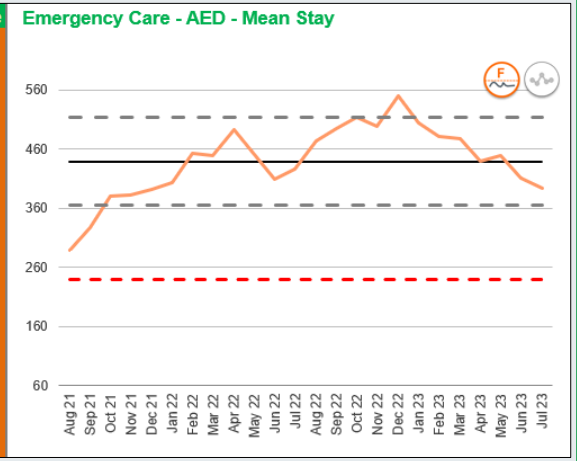
The total meantime wait for a patient in July 2023 was 143 minutes against the national standard of 240 minutes, demonstrating good flow through the service.

Felicity Taylor-Drewe
Chief Operating Officer

Emergency Care – Emergency Department - Mean Stay

To achieve and sustain a mean time in department for all patients attending the Emergency Department.

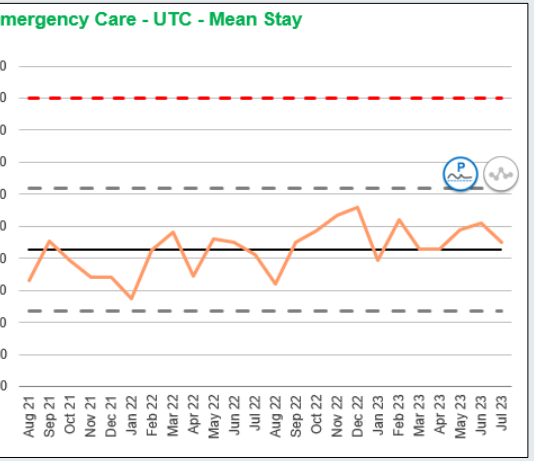
Timescale	Value
Aug 22	473
Sep 22	494
Oct 22	514
Nov 22	499
Dec 22	550
Jan 23	503
Feb 23	482
Mar 23	477
Apr 23	440
May 23	448
Jun 23	410
Jul 23	393



Emergency Care – Urgent Treatment Centre - Mean Stay

To achieve and sustain a mean time in department for all patients attending UTC.

Timescale	Value
Aug 22	124
Sep 22	150
Oct 22	157
Nov 22	167
Dec 22	172
Jan 23	139
Feb 23	164
Mar 23	146
Apr 23	146
May 23	158
Jun 23	162
Jul 23	150



Counter Measures

- Weekend ED Paeds Consultant to be maintained with vacancy monies; improve quality of care and waiting times for children, whilst also supporting main ED staffing
- Pit-stop nursing maintained (challenging as now within 'normal' staffing numbers); provides clinical oversight of queue, starts assessments early & potential for simple treatments
- Support services input for admission avoidance & improved discharge - Co-ordination Centre, Flow and Community Teams
- Increased capacity for Triage of self-presenting patients (Triage cubicles x2), assessment of 'ED Majors' patients (6 bays) and provision for early ambulance assessment (Pitstop x1)

- Metric routinely meeting standard
- Roster change trial implemented for staff to increase staffing model mapped to key times of patient arrival – extension continues.
- Review of ACP staffing model and operational hours commencing to provide more reactive service.
- Single front door pathways between the Emergency Department and the Urgent Treatment Center are now in place alongside front door building work and new patient entrances.

1. Executive Summary

Great Western Hospitals NHS Foundation Trust

Emergency Department & Urgent Treatment Centre - Emergency Attendances

Emergency Attendances collects the total number of attendances in the Emergency Department (ED) & the Urgent Treatment Centre (UTC). July has seen a slight reduction in attendances to both ED & UTC.

Attendances are up compared to the same July 2022.

ED & UTC combined saw 10,599 patients in July (ED 5347, UTC 5252), this is a slight decrease on June numbers. There was a corresponding reduction in the number of long stay patients >21 days with a levelling of NCTR bed days.

Inpatient Spells - GWH - Number Non-Criteria to Reside (NCTR) Days

The average NCTR for month of July was 84. With an improvement on partner referred cases towards the ned of the month.

Beds lost and Length of Stay to NCTR still requires improvement to reduce a further 165 days to bench mark the great position seen in April.

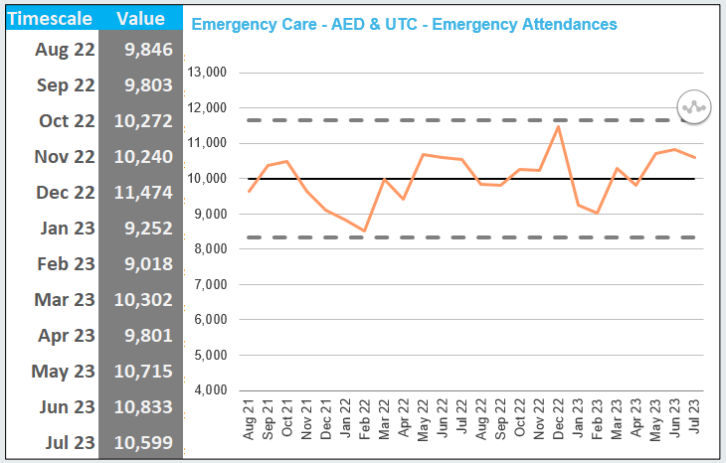
Home First discharges where slightly under compared to the 100 in June due to more complex cases being referred to this pathway. However, there was a 23% increase in pathway 3 discharges improving return to care homes, new placements and End of Life preferred place of death pathways.

Felicity Taylor-Drewe
Chief Operating Officer

Emergency Care – Emergency Department & Urgent Treatment Centre - Emergency Attendances

To ensure patients are cared for in the appropriate setting

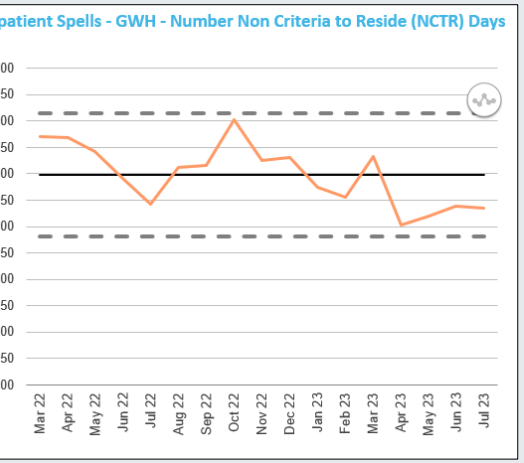
Timescale	Value
Aug 22	9,846
Sep 22	9,803
Oct 22	10,272
Nov 22	10,240
Dec 22	11,474
Jan 23	9,252
Feb 23	9,018
Mar 23	10,302
Apr 23	9,801
May 23	10,715
Jun 23	10,833
Jul 23	10,599



Inpatient Spells - GWH - Number Non-Criteria to Reside (NCTR) Days

To treat the right patients in the right place, to ensure delivery of high quality care.

Timescale	Value
Aug 22	3,057
Sep 22	3,083
Oct 22	3,514
Nov 22	3,125
Dec 22	3,158
Jan 23	2,873
Feb 23	2,774
Mar 23	3,162
Apr 23	2,510
May 23	2,599
Jun 23	2,694
Jul 23	2,675



Counter Measures

Co-ordination Centre and Navigation Hub processing referrals from community teams and ambulance service.

SWAST reviewing processes and conveyance requirements. HALO support in ED.

Assessment and pathway changes to support direct access from ED & UTC to most appropriate admission areas.

- Discharge hub transformation working group are reviewing how we can support Home First Complex patients with more access to ring fenced larger packages of care.
- NCTR reset triggers update against 13% of bed occupancy **(64) by March 2024**
- 10% accounts for GWH pathway 0 (hospital transfers/ homeless cases etc)
- Partner NCTR will therefore l rest to **58**
- Locality breakdown proposed SBC 35, Wilts 17, Out of Area 6
- SBC agreed at the ICB planning meeting on 7th Aug the parameter for escalation triggers against accepted referrals caseloads. Next steps to do the same with Wiltshire and Out of Area next week
- Weekend Discharge hub would benefit from therapy attendance to truly function in the same way as the weekday service- options being reviewed with teams
- Wiltshire discharge hub monthly review highlighted areas of improvement required to bench mark the success of the Swindon model, senior leads supporting with this along with a rotational chair for the meeting and roles of the in-reach team, to be more comparably with the discharge support team responsibilities

Executive Summary

Great Western Hospitals NHS Foundation Trust

EDI - Staff Survey Q16b In the last 12 months have you personally experienced discrimination at work from manager / team leader or other colleagues?

The trust's ED&I Strategy 2020-24 recognises that a 'represented and supported workforce' is an essential component of creating an inclusive workplace where staff have a sense of belonging, have equity of opportunities and feel they can contribute to the success of the organisation. Our ambitious ED&I Strategy and Action Plan responds to this – it supports our ambition to reduce these inequalities by leveraging the benefits that come from Equality, Diversity and Inclusion.

Discrimination has been a longstanding issue in the NHS, the GWH NHS Staff Survey results highlights highlight that 19.8% of Ethnic and Minoritized staff have experience discrimination compared to 6.3% of white staff. Staff can also experience discrimination based on other grounds including disability, sex, sexual orientation, age, religion and other protected and non-protected characteristics

This is an important measure for the Trust as it is the right thing to do for our staff; furthermore, we have a legal duty and there is a strong correlation between workforce inclusion and wellbeing and patient outcomes. Discrimination also affects our workforce retention, studies have indicated that a lack of inclusion is the most influential factor in contributing to staff intention to leave.

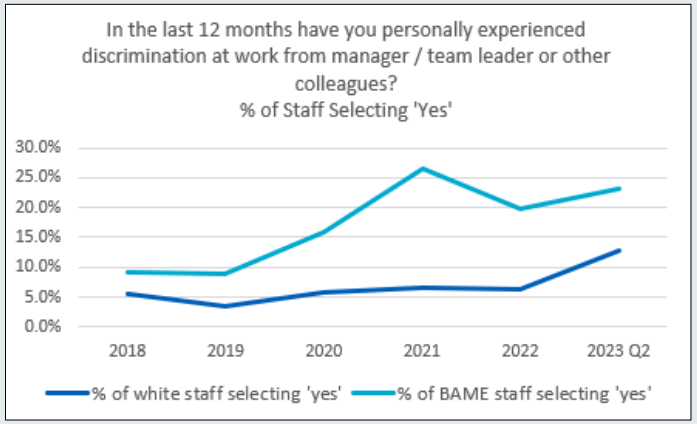
Discrimination is a systemic problem, if we are to make a marked difference, our response must be systemic too. Success will be borne from developing sustainable strategies based on education and support and by challenging behaviours that do not align with our STAR values. Our commitment to addressing discrimination will take us one step further towards our aims of building an inclusive workplace.

The Trust ambition is to reduce the disparity in the q16b (personally experienced discrimination at work from manager/team leader or other colleague) between white staff and BAME staff from 13.5% to 8.3% in line with the national average and be below the national average for all staff.

Q2 disparity has reduced to 10.3% however both white staff and BAME staff are reporting discrimination white staff from 6.3% to 12.9% and BAME 19.8% to 23.2%.

Jude Gray
Director of Human Resources (HR)
Service | Teamwork | Ambition | Respect

% Disparity – Staff Survey Q16b - In the last 12 months have you personally experienced discrimination at work from manager / team leader or other colleagues?



Counter Measures

- Early August, the Race Equality Network hosted an event to celebrate South Asian Heritage Month, staff from across the Trust attended to listen to the lived experience of one of our Internationally Educated Nurses and guest speaker as well as hear about the network. These initiatives support the Trust's legal duty to foster good relationships between communities.
- The Discrimination staff survey that accompanied the Equity Data Walks will close week ending 11 August and a summary report will be shared at the EDI Group meeting 30th August. The Trust is focussing on Discrimination during 2023-2024 as the Improving Together breakthrough metric, the views collected from this survey will be used to devise an action plan.
- The Trust will present its draft Workforce Race Equality Standard (WRES) report to TMC, PCC and EDI Group in August and the Board in September. The report highlights that we have made significant progress against 5 metrics including number of ethnic minority staff employed (from 20.5% to 24.1% this year) and percentage of staff experiencing bullying, harassment and abuse from colleagues (from 32.2% to 27.8% this year).
- An Action plan has been developed as part of the WRES report which focuses on addressing discrimination (the breakthrough metric), recruitment (including shortlisting to appointment differences between white and BME staff) and engagement with staff to raise awareness and to embed inclusion work across the Trust – this will include the launch of several programmes ranging from work experience to the introduction of Cultural Ambassadors and Allyship. The full report will be published on or before 31 October 2023

Executive Summary

NHS
Great Western Hospitals
NHS Foundation Trust

Voluntary Staff Turnover (rate)

The annual voluntary turnover rate provides us with a high-level overview of Trust health.

The NHS People Plan highlights the support and action needed to create an organisational culture where everyone feels they belong. Workforce retention is a top priority across the NHS. High turnover rates are typically associated with increased recruitment and training costs, low morale and reduced performance levels.

The Trust has seen a continued improvement in the trend since July 2022. Further reduction to our voluntary turnover rate has been seen in June, decreasing from 10.5% to 10.2% and remaining below the Trust target. Maintaining and further improving this position will be the priority for the Trust Retention Working Group.

Staff Recommendation as a Place to Work

The annual national staff survey is used to give an indication of staff engagement. We will be monitoring this at quarterly intervals throughout the year via the Quarterly Pulse Survey.

Willingness to recommend the organisation as a place to work is a strong indicative measure of overall staff engagement. There is also an evidenced link between this measure and the quality of patient care that is delivered.

The staff engagement score is seen as a key priority for the Trust. The Kings Fund reports there is now overwhelming evidence to show that engaged staff really do deliver better health care and higher levels of staff engagement (measured through the staff survey) have lower levels of patient mortality, make better use of resources and deliver better financial performance.

The Q2 Pulse Survey results show a small decrease to the percentage of staff who would recommend the Trust as a place to work, moving from 58% in Q1 to 57% in Q2, however a sustained improvement since of the annual survey (51%)

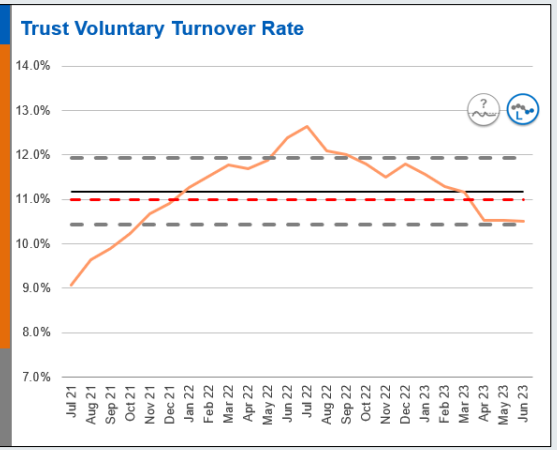
Jude Gray
Director of Human Resources (HR)

Service | Teamwork | Ambition | Respect

Trust Voluntary Turnover Rate

To achieve and maintain a maximum voluntary turnover rate of 11%.

Timescale	Value
Jul 22	12.6%
Aug 22	12.1%
Sep 22	12.0%
Oct 22	11.8%
Nov 22	11.5%
Dec 22	11.8%
Jan 23	11.6%
Feb 23	11.3%
Mar 23	11.2%
Apr 23	10.5%
May 23	10.5%
Jun 23	10.5%



Staff % recommend the organisation as a place to work

To improve our staff engagement score as demonstrated in the annual staff survey.

Counter Measures

- Voluntary turnover remains stable and below the Trust target of 11%. Leavers within their first year of employment has been identified as an area of further improvement to our turnover rate, and a deep-dive into these leavers has identified improvement actions which will be taken to the Retention Working Group.
- Recommendations and aims from the NHS long term plan are being reviewed for incorporation into the countermeasures developed in the Trust Retention Working Group. The group is initially focussing on quick-wins in line with the long-term plan.
- The Retention Working Group is also identifying the key themes from Stay Conversations and Exit Interviews, working with divisional teams to generate division-specific actions on retention.

- Q2 Pulse Survey results show a marginal decrease in the percentage of staff who would recommend the Trust as a place to work, however a sustained improvement since the annual survey and Q4 results.
- Divisional level data is being shared at the Staff Survey Working Group, with outputs planned to feed into the 'Great Place to Work' communication campaign.
- A free text question was included in the Q2 Pulse Survey to understand the positive aspects of working at GWH. 914 responses were received to this question, and initial results highlight teamwork, working relationships, and feeling supported as key themes to responses.
- Happiness events have been relaunched in August, providing staff across GWH and the Orbital opportunities to take restorative breaks away from the workplace.

Executive Summary

Great Western Hospitals NHS Foundation Trust

GWH Control Total / I & E (Improvement & Efficiency)

There has been a significant and growing financial deficit over the last 3 years at the Trust. Large financial deficits undermine the public trust in the NHS and put the financial viability of the organisation at risk.

Carbon Footprint / Sustainability

Sustainability is fundamental to maintaining high quality care; to help us meet the needs of today without compromising the needs for future generations. Great Western Hospitals NHS Foundation Trust's Green Plan outlines the actions and initiatives we aim to deliver to meet our sustainability targets and for the Trust to be net zero carbon for direct emissions by 2040 and also for indirect emissions by 2045. In line with NHS targets, we are aiming to achieve an 80% reduction in our direct footprint by 2028-2032.

In lieu of our carbon footprint data from Greener NHS (anticipated for early Q3) this report focus is on electricity and gas consumption which forms a significant part of our direct carbon footprint.

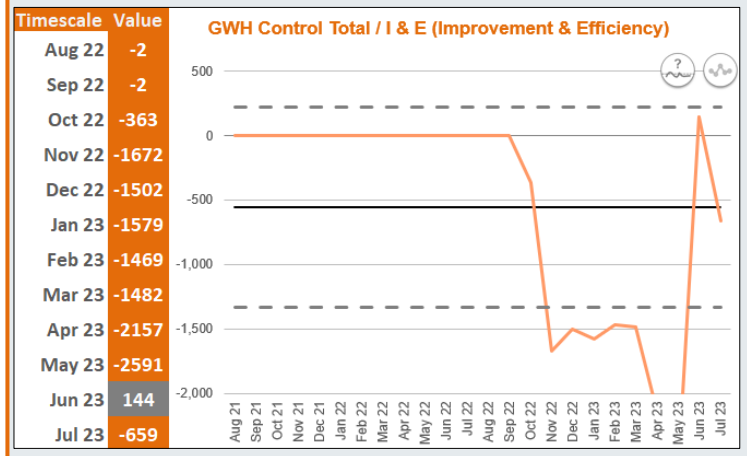
Over the coming years we will be focusing on the delivery of our Green Plan and ICS Green Plan which will be formally reported on annually and refreshed every 3 years.

Simon Wade
Chief Financial Officer

GWH Control Total / I & E (Improvement & Efficiency)

To achieve and sustain a break even financial position.

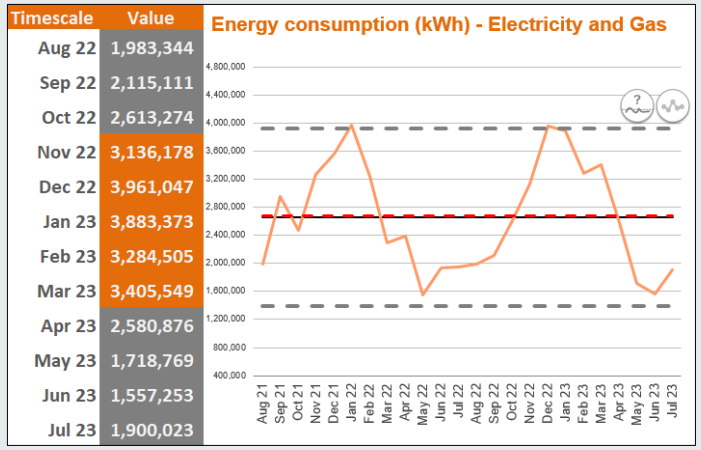
Timescale	Value
Aug 22	-2
Sep 22	-2
Oct 22	-363
Nov 22	-1672
Dec 22	-1502
Jan 23	-1579
Feb 23	-1469
Mar 23	-1482
Apr 23	-2157
May 23	-2591
Jun 23	144
Jul 23	-659



Energy consumption (kWh) – Electricity & Gas

To achieve an organisational carbon neutral footprint.

Timescale	Value
Aug 22	1,983,344
Sep 22	2,115,111
Oct 22	2,613,274
Nov 22	3,136,178
Dec 22	3,961,047
Jan 23	3,883,373
Feb 23	3,284,505
Mar 23	3,405,549
Apr 23	2,580,876
May 23	1,718,769
Jun 23	1,557,253
Jul 23	1,900,023



Counter Measures

- As at M4 the Trust is in a £5.3m deficit position which is £3.8m adverse variance to plan. Pay and non-pay pressures are driving this.
- NHSE stipulated for M4 that all providers should assume ERF is paid to them in line with plan. This is included in the above numbers and means that our position is £3.3m better than it would be if ERF remained directly linked to activity performance, ie our position would have been £7.1m worse than plan if we were reporting in line with plan assumptions.
- Efficiency savings were £0.6m behind target in month and are £1.1m behind plan on a YTD basis. There are £15.3m of identified schemes but only £5.6m (37%) of this total is fully developed. There is an unidentified gap of £1.4m to the overall Trust savings target of £16.7m.
- Countermeasures have been put in place through the efficiency programme, including:
  - Focus on actions to reduce run rate – additional sub committees focusing on green, amber and red actions
  - Cross-divisional schemes such as Better Buying and Medicines Optimisation
  - Enhanced workforce and agency controls

•The board approved Green Plan has been published with targets and action plan agreed.

•Capital funding for sustainability projects has been agreed and work is underway on reducing emissions from nitrous oxide and entonox at GWH.

•GWH is the ICS Green Plan chapter lead for reducing emissions from Medical Gases.

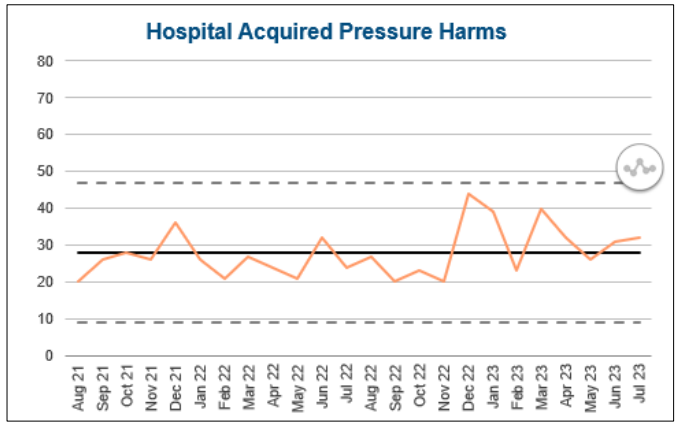
2023/24 Breakthrough Objectives

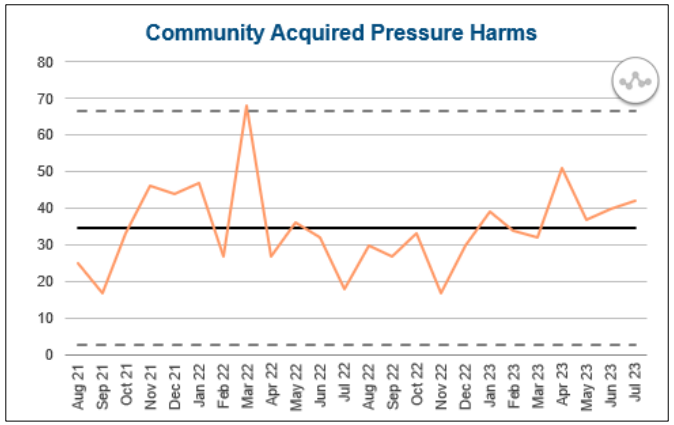
Reduction of Pressure Harms

Great Western Hospitals NHS Foundation Trust

Total Pressure Harms

Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
57	47	56	37	74	78	57	72	83	63	71	74





Common cause – no significant change

Understanding the Data

The number in the charts above represents the number of pressure harms that patients have developed whilst in hospital or under the care of a community nursing team. The number reflects the total number of harms not total number of patients i.e., one patient may have two or more pressure harms.

All pressure related harms are reported and then clinically validated to determine if they were acquired whilst under the care of GWH.

Tissue viability is the overarching term that describes the speciality that primarily considers all aspects of skin and soft tissue wounds.

We are driving this measure because...

We know that pressure damage is an avoidable cause of harm to patients and believe that through using the evidence-based improvement methodology we can make a significant difference to patients.

Regular measurement is required to ensure front line teams and divisions identify themes and those actions required for improvement of pressure related harms. This will help reduce the level of pressure related harm and improve staff knowledge and skills in caring for our patients.

Performance

Overall, there has been an increase in the number of pressure harms reported.

There were 32 (31 June) hospital-acquired pressure harms during July. This is a slight increase compared to last month (31).

- Work is underway to ensure a consistent approach to pressure ulcer huddles, to ensure they are inquisitive and involve the whole team.
- Executives briefed to undertake " Go and See" visits.
- Four wards continuing with piloting the aSSKINg assessment process, plan for the wards to present the findings.
- Tissue viability team developing their own improvement plan, using A3 methodology.

In the community setting there were 42 (40 June) pressure harms acquired during July. This is a slight increase from the previous month. There has been a slightly higher number of mucosal harms reported in month, this may be due to a raise in awareness following training in both June and July.

- Successfully delivered Pressure Ulcer (PU) training for 60 clinicians (nursing and therapy) reviewing risk assessment, categorisation, incident reporting and escalation.
- The tissue viability team are working with locality leads and teams to deliver bespoke support and training and review red flags for escalation.
- A workstream has been implemented to review patient records and notes held in the patient home to promote shared care, with an emphasis on pressure harm prevention.

Risks

The continuing high caseloads for Tissue Viability and Community Nursing in addition to high sickness levels and difficulties in recruiting to establishment in Community Nursing services can impact the ability to provide high quality pressure ulcer prevention management, specialist review and assessment and as a result pressure ulcer rates may increase.

Counter measures include:

- Ongoing recruitment of community staff
- Case load reviews with Tissue Viability & other specialist services.
- Increased use of temporary staffing
- Education & resources for temporary staff.

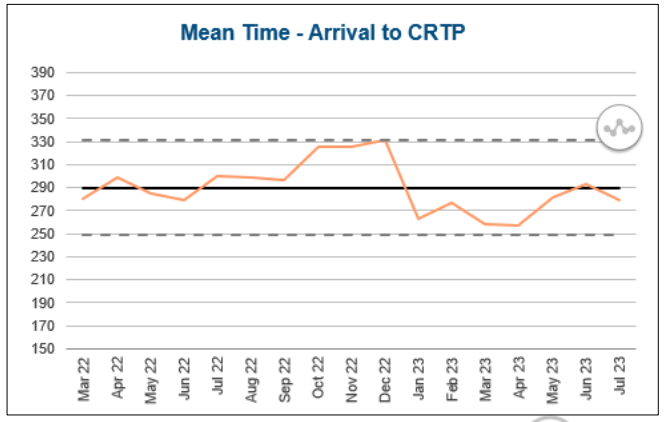
2023/24 Breakthrough Objectives

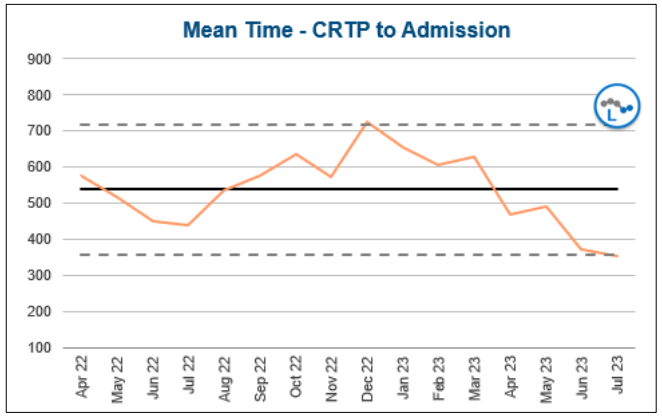
Emergency Attendances - Clinically Ready to Proceed (Admitted)

Great Western Hospitals NHS Foundation Trust

Mean time in ED (Minutes)

	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
Pre CRTP	299	297	326	326	332	263	277	259	258	281	293	280
Post CRTP	536	575	636	572	725	654	608	629	467	492	373	352





Common cause – no significant change

Understanding the Data

The patient cohort for the data is only type 1 patients who are admitted into the Trust (excludes type 3 patients or any patients discharged). More work to be done to include discharged patients with CRTP.

The graphs show the mean-time waiting from arrival to clinically ready to proceed and post clinically ready to proceed.

On average 65-70% (mean time) of the patients in ED who are 'clinically ready to proceed' are awaiting beds within the hospital. This figure has remained consistent for many months.

July data highlights that on average patients are waiting less time in for a bed in ED and has continued to reduce since Dec 22.

We are driving this measure because...

The metric Clinically Ready to Proceed is part of the UEC Bundle that is part of the proposed Clinically Led Review of NHS Access Standards.

CRTP is a milestone that separates out the overall Pillar Metric of 'mean time in ED'. Pre CRTP shows the time taken for patients to be triaged, seen and diagnosed. Post CRTP would indicate the time taken for patients to wait for a bed to be available.

Performance

- Mean time in ED from arrival to clinically ready to proceed (CRTP) decreased in month to 280 in July (from 283 in June) showing patients waited slightly longer to be triaged, seen and diagnosed.
- Mean time in ED from CRTP to admission reduced in month from to 352 in July indicating patients spending less time in ED awaiting admission.

Risks

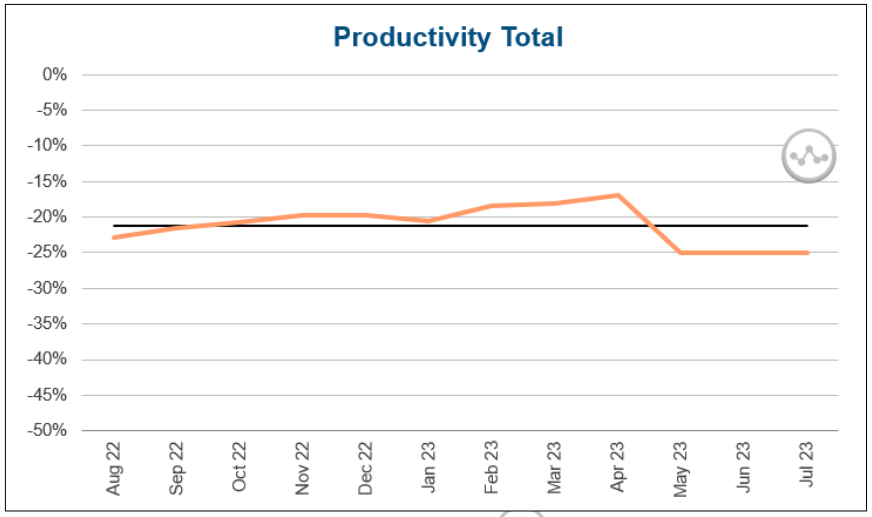
Physical and pathway reconfiguration required for WFP programme will see slightly reduced bed numbers across the ED footprint.

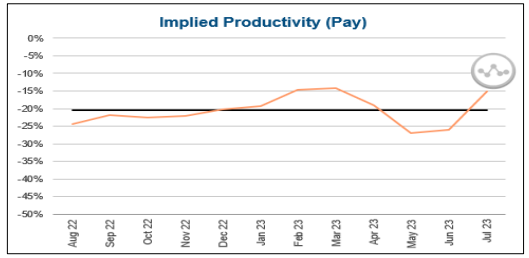
2023/24 Breakthrough Objectives

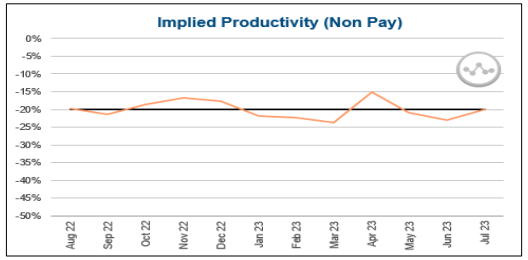
Great Western Hospitals NHS Foundation Trust

Productivity

	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
Total	-23%	-23%	-21%	-21%	-20%	-20%	-21%	-18%	-18%	-17%	-25%	-25%
Pay	-25%	-24%	-22%	-23%	-22%	-20%	-19%	-15%	-14%	-19%	-27%	-26%
Non Pay	-19%	-20%	-21%	-19%	-17%	-18%	-22%	-22%	-24%	-15%	-21%	-23%







Common cause – no significant change

Understanding the Data

The graphs show a metric made up of weighted activity growth and cost (adjusted for inflation) as a change from 2019/20 levels to give implied productivity. This is currently negative meaning we are less productive than 2019/20 levels - so either weighted activity being delivered is lower or the costs of delivering that activity are higher than in 2019/20. This is shown for pay and non-pay.

We are driving this measure because…

Productivity is reduced when compared to 2019/20 levels leading to longer delays in treatment (activity) and increase in costs. Elective recovery rates are lower than planned and the 2023/24 plan has been set with a target level of activity and productivity stretch

Risks

There have been several risks outlined as part of the A3 for productivity (refer to fishbone diagram)
These included risks such as Divisions lacking capacity to engage in data/findings and sickness and work pressures impacting workforce to deliver on increased productivity stretch in the Trust activity plans.

Performance & Countermeasure

Implied Productivity in total has maintained at an overall total **–25%** for Month 4 (this is a 7% deterioration from the 18% at the end of 2022/23).

This still reflects being off track with our activity and financial plan due to higher pay pressures such as industrial action impact and behind plan CIP Delivery. As this measure continues to be against 2019/20 cost change this is measuring the increased cost from 2019/20 levels. The pay productivity would return to +10% at the end of the 2023/24 plan if planned cost and efficiency levels this year are also delivered.

The CIVICA project has been implemented to allow the full range of outputs to be realised – full project deliverables are by end August 2023 with Aurum opportunities being presented. Data quality tolerance needs to be reviewed for areas such as coding and information breakdown.

The outputs will allow more key divisional stratified data to also be presented and for key questions to be asked around activity.

The aim is to produce productivity data, trends and information that can enable intelligence and action plans across divisions in areas such as variation in treatment cost. A Division engagement plan will be worked up when outcomes are fully available, embedding into improvement groups etc. as standing items for review and updates.

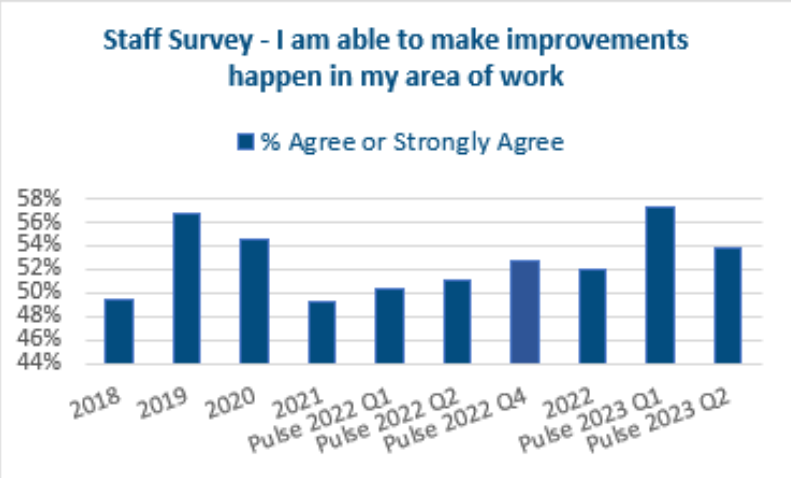
2023/24 Breakthrough Objectives

NHS Great Western Hospitals NHS Foundation Trust

Staff Survey - I am able to make improvements happen in my area of work

2018	2019	2020	2021	2022 Q1	2022 Q2	2022 Q4	2022	2023 Q1	2023 Q2
49.40%	56.70%	54.50%	49.30%	50.31%	51.10%	52.72%	51.90%	57.20%	52.55%

Domain	Our Leadership
Metric Focus	Driver
Threshold	
Value	Percentage
Improvement Direction	Higher is Better



Understanding the Data

The data shows the percentage of staff positively responding that they feel able to make improvements happen in their area of work.

These results are predominantly a measure of engagement and service improvement. It is important to know if staff feel able to provide the care and service they aspire to give.

We are driving this measure because...

This staff survey feedback is an important measure of staff's engagement with both the organisation and the rollout of Improving Together.

The result of this survey could help how staff feel about making improvements happen in their workplace.

Performance

- The Q2 Pulse Survey results show a decrease in the percentage of staff who feel able to make improvements happen in their area of work. Divisional analysis of this result is in progress to be tabled at the monthly Staff Survey Working Group.
- Shared learnings from the Critical Care team, who have achieved 28.,1% improvement in Q3f in the annual survey, was shared with the Staff Survey Working Group to further inform divisional countermeasures.
- A 'buddy scheme' is being piloted for Corporate teams for departments with better performance for making improvements happen in their area of work to share best practice and further drive improvement.
- Planning for the 2023/24 Staff Survey continues ready for the survey launch on 11th September.

Risks

- Whilst continuing the 'inch wide, mile deep' focus on question 3F, there are broader opportunities for improvement which are outlined in the divisional Staff Survey presentations which require focus.
- Divisional teams continue improving together training in different timescales, therefore the risk is that less improvement actions could be made in areas who are yet to go through training.
- Survey fatigue on this question maybe having a negative impact.

Our Care

Alerting Watch Metrics

Great Western Hospitals NHS Foundation Trust

Plan Area	Measure Name	Target	SPC Improv. Icon	Apr-23	May-23	Jun-23	Jul-23	Trend
Concerns and Complaints	Trust overall complaint response rate	80% (Int)	?	75%	84%	74%	78%	
IP&C	Clostridium difficile (C. diff) infections (cumulative)	15.33 (Nat)		6	16	25	33	
	Escherichia coli (E. coli) infections (cumulative)	22 (Nat)		5	16	24	36	
	Pseudomonas infections (cumulative)	4.67 (Nat)		5	7	11	16	
	Klebsiella infections (cumulative)	7.33 (Nat)		4	7	8	9	
FFT	Daycases Response Rate	25% (Int)	?	26%	24%	23%	24%	
	Daycases Positive Responses	97% (Int)	?	96%	95%	96%	98%	
	Maternity Response Rate	19% (Int)	?	17%	19%	17%	18%	

Common cause - no significant change.	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values.	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values.	Variation indicates inconsistently hitting passing and falling short of the target.	Variation indicates consistently (P)assing the target.	Variation indicates consistently (F)alling the target.

Performance & Counter Measure

The complaint response rate has increased in month but remains just below the internal target. On 7th and 8th August two complaint training sessions are being held with 60 members of staff from all disciplines, the training is being delivered by an external legal firm in conjunction with the PALS department.

The rate of *C. difficile* infection continues to be above that of 2022/23. This is also the case nationally. Early feedback from BaNES, Swindon and Wiltshire's (BSW) review of all cases system-wide is that there is a correlation with patients with *C. difficile* being overweight or having a diagnosis of diabetes, though this correlation is not seen in global majority populations. This suggests a possible link with diet, perhaps increased consumption of processed food and the effect that may have on the bowel microbiome. We are still seeing higher numbers of patients found to be colonised with *C. difficile* (10 in July and 15 in June compared with 4-5 per month in Jan-March) suggesting that prevalence of the bacterium is increasing locally. We await the formal outcome of the review.

Rates of all three reportable gram-negative bloodstream infections (*E. coli, Klebsiella* and *Pseudomonas aeruginosa*) remain higher than trajectory. *E.Coli* and *Klebsiella* are showing early signs of improvement. This probably relates to the work on improving environmental cleanliness, equipment cleaning and the CAUTI (Catheter Related Urinary Tract Infections) improvement work led by the Infection Prevention Matron and the Medicine Division. Estates have held additional water safety group meetings with the Associate Director of IPC and have a robust action plan to help reduce *Pseudomonas* levels including additional testing and changes to the cleaning of taps.

The Maternity response rate has increased slightly, and the team are continuing to promote use of the text messaging services for Family and Friends at each stage of the maternity pathway and have also implemented QR access to the online survey.

Our Care

Non-Alerting Watch Metrics

Plan Area	Measure Name	Target	SPC Improv. Icon	Apr-23	May-23	Jun-23	Jul-23
Harm	No. of serious incidents reported in month	SPC		6	5	3	3
	Falls rate per 1000 bed days	SPC		6	5.6	5.8	4.6
	No. of Falls in month	SPC		116	111	110	90
	Medication incidents with moderate harm	SPC		2	2	2	4
Concerns and Complaints	No. of concerns received	SPC		109	107	139	120
	No. of complaints received	SPC		29	45	47	59
IP&C	Methicillin Sensitive Staphylococcus Aureus (MSSA) infections (cumu	14 (Int)		2	4	6	11
	Covid – no. of hospital acquired	SPC		17	11	4	22

Performance & Counter Measure

There has been no change in the number of ongoing Serious Incidents (23), with a further three reported in month.

The number of concerns has decreased in month, but the number of complaints has risen slightly. The training planned for August is aimed at supporting early and robust resolution of complaints and avoiding a protracted complaints process.

Following the Nursing and Midwifery Conference and a presentation from the founder of the charity Johns Campaign, a review is underway to ensure any additional requirements to support carers is identified and implemented.

The 'Get up, Get Dressed, Keep Moving' campaign has been launched , including ongoing development of activity and movement toolkit and resources. A themed analysis of falls incidents has been completed for the Division of Medicine. Ward Managers are meeting in August to identify project(s) and develop A3 improvement plans.

MSSA rates have remained low. The one MRSA case in July was an unavoidable development of a community-onset infection. As predicted last month, we have seen an increase in hospital acquired COVID cases. Air scrubber installation continues and there have been no bed or ward closures due to COVID.

Common cause - no significant change.	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values.	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values.	Variation indicates inconsistently hitting passing and falling short of the target.	Variation indicates consistently (P)assing the target.	Variation indicates consistently (F)alling the target.

Risks

Our Care

Non-Alerting Watch Metrics

Great Western Hospitals NHS Foundation Trust

Plan Area	Measure Name	Target	SPC Improv. Icon	Apr-23	May-23	Jun-23	Jul-23
Safer Staffing	Safer Staffing – average fill rate RN (%)	85% (Nat)	P	96.7%	99.6%	95.6%	92.9%
	Safer Staffing – average fill rate HCA (%)	85% (Nat)	P	111.1%	115.1%	105.7%	106.7%
FFT	Overall response rate (%)	28% (Int)	?	31%	28%	27%	25%
	Positive response (%)	86% (Int)	?	90%	88%	86%	89%
	ED & UTC Response Rate	21% (Int)	?	22%	21%	20%	20%
	ED & UTC Positive Responses	79% (Int)	?	82%	80%	76%	81%
	Inpatients Response Rate	26% (Int)	?	34%	29%	26%	25%
	Inpatients Positive Responses	86% (Int)	?	89%	88%	85%	87%
	Outpatients Positive Responses	98% (Int)	?	98%	99%	98%	97%
	Maternity Positive Responses	94% (Int)	?	93%	91%	93%	94%

Common cause - no significant change.	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values.	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values.	Variation indicates inconsistently hitting passing and falling short of the target.	Variation indicates consistently (P)assing the target.	Variation indicates consistently (F)alling the target.

Performance & Counter Measures

Safe Staffing fill rates have decreased slightly but remain within safe parameters.

There has been a decrease in the overall response rate, but an increase in the positive response rate across most areas. The Trust overall positive response rate has increased slightly and remains above the internal target of 86%.

Several initiatives have been undertaken in July to enhance the experience of patients and their families including;

- A process is now in place to record details onto Careflow that highlights to staff if a person admitted to hospital is a carer for someone in the community. Additional resource has been provided by the Intergrated Care Board to upload historical data.
- New soft closing waste bins are now in place across our wards, this causes less disturbance to patients at night. Noise at night was highlighted in the National in-patient survey.
- Following a successful quality improvement trial all staff on the Acute Cardiac Unit have been trained on the monitor alarms to ensure that they have the correct knowledge to keep the monitors at a safe level that is also conducive to supporting a quieter environment. The unit has since scored an average of 86% from the last 7 inspections to the question “Does the patient feel that the environment is conducive to rest/sleeping?”
- Earlier this year the Trust applied for Gold Employee Recognition Scheme (ERS) status. We were extremely pleased to have achieved this during July and are now recognised as a Gold ERS organisation.

Risks

Our Performance

Great Western Hospitals NHS Foundation Trust

Alerting Watch Metrics

Plan Area	Measure Name	Target /SPC Target Icon	SPC Improv. Icon	Apr-23	May-23	Jun-23	Jul-23	Trend
RTT	No. of >=18 weeks waiters		H	16723	16141	16891	17685	
	No. of >=52 weeks waiters		H	2240	2385	2469	2448	
DM01	No. of patients on DM01 waitlist		H	11680	12263	12491	One month behind	
	DM01 performance %	99% (Nat)	F	50.4%	52.3%	52.2%	One month behind	
	DM01 6 week wait breaches		H	5796	5848	5969	One month behind	
Cancer	% Cancer 62 day performance	85% (Nat)	?	63.8%	61.5%	54.0%	One month behind	
	% Cancer 31 day performance	96% (Nat)	?	88.7%	91.9%	88.0%	One month behind	
	% Cancer 2 week wait	93% (Nat)	?	79.2%	67.2%	67.0%	One month behind	

Common cause - no significant change.	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values.	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values.	Variation indicates inconsistently hitting passing and falling short of the target.	Variation indicates consistently (P)assing the target.	Variation indicates consistently (F)alling the target.

Performance & Counter Measure

June's DM01 validated performance is showing a slight variance from the 52.3% performance in May to 52.2%. The number of patients on the waiting list has increased slightly to 12,491 and the number of 6-week breach has increased to 5969. 2 Pads in Radiology continue to be fully utilised with one supporting the CDC and activity numbers continue to remain high. The teams continue to deliver scans within 2 weeks for cancer referrals and anticipate a continued recovering picture for the routine patients, which at present is in line with trajectory. Ultrasound still remains the largest issue, but a recovery plan is due to start in August. ERF Funding is being used for mobile MRI for 6 months until the end of September, and CT 3 days a week for 6 months until the end of September will be funded by the TVCA. Activity is also ongoing to bring mobile Endoscopy on site with a target date of the 24th July, supporting the CDC project.

31 Day decision to treat to treatment standard is heavily impacted by the capacity issues in the Skin pathway with 81% of the breaches being accounted for by this service. WLI activity is being used to help manage demand. A locum returns in June, providing additional capacity. Additional capacity in Plastics is being sourced through private partner (CSP in Wootton Bassett) and through any available mutual aid from OUH.

71.8% of the 62-day breaches were with the Skin, Urology & Colorectal Pathway.

Cancer waiting times for first appointment remain below standard with an increase in demand and the impact on clinic cancelations as a result of the industrial action. The Skin Pathway is having the greatest impact on all of the 2ww standard with 42.7% of all of the breaches.

In June, 82% (448) of the 28-day breaches were for across 4 tumour sites (Colorectal, Urology, SKin & Gynae)

Counter Measure - Work is underway with the TVCA to implement the Best Practice Timed Pathways across all 4 (Lower GI, Urology, Gynae & Skin) of these Pathways.

We continue to work with the OUH Plastics team for extra capacity, however, there is a clear deficit in capacity within Plastics that will impact the cancer pathway is unable to be mitigated further without significant staffing and / or investment. This is subject to a strategic service review.

Working with the 3 main challenged tumour sites (Skin, Colorectal & Urology) using the improving together methodology (A3) to ascertain key drivers in this poor performanace.

Weekly PTL review meetings have been extended in time to facilitate a full review and challenge of all pathways, and delays. This will ensure patients will have next steps planned at the earliest available time.

Our Performance

Alerting Watch Metrics

Plan Area	Measure Name	Target /SPC Target Icon	SPC Improv. Icon	Apr-23	May-23	Jun-23	Jul-23	Trend
ED	A&E (ED & UTC) Emergency Care 4 Hour Performance %	95% (Nat)	F	75.7%	74.8%	73.8%	75.5%	
	AED (Type 01) - Percentage Arrival to Departure within 4 Hours	95% (Nat)	F	54.9%	55.0%	54.2%	55.6%	
	AED (Type 01) - Percentage Arrival to Departure over 12 Hours	2% (Nat)	F	14.5%	13.6%	14.8%	13.6%	
	A&E Arrival to Departure Percentage over 12 Hours (Type 1 & Type 3)	2% (Nat)	F	7.1%	6.7%	7.4%	6.9%	
	A&E Arrival to Departure over 12 Hours (Admitted Patients)	2% (Nat)	F	27.7%	27.5%	31.0%	28.0%	
	Percentage of Ambulance Handover Over 15 Minute Waits	SPC	H	67%	70%	72%	73%	
	Number of Ambulance Handover 30 Minute Waits	SPC	H	590	713	736	778	
	Percentage of Ambulance Handover s Over 30 Minutes	SPC	H	37.6%	44.2%	46.1%	45.6%	
	Percentage of Ambulance Handovers Over 60 Minutes	SPC	H	19.4%	23.7%	28.9%	27.8%	
Flow	Admitted - Average Length of Stay in Department (mins)	SPC		725	772	666	632	
	Non - Admitted - Average Length of Stay in Department (mins)	SPC	H	299	292	284	274	
	Number of Stranded Patients (over 14 days)	SPC	H	136	134	127	116	
	Number of Super Stranded Patients (over 21 days)	SPC	H	80	85	77	68	

Performance & Counter Measure

ED performance has demonstrated continued improvement across most areas compared to previous months, particularly in ED Mean time and with sustained Triage performance. This is an indicator of the implemented measures across the 'Front Door' and support across the organisation.

Relevant teams are looking at improvement measures across the 'Front Door' , pre-hospital and post discharge with measures to improve flow & discharge rates. This includes liaison with Co-ordination Centre, key stakeholders in & out of hospital, and utilising 'Improving Together' methodology.

Work continues with various data streams internal and external, identifying which is not accurate and looking to improve and streamline all reporting

- Total % over 12 hours has decreased from 14.8% to 13.6%.
- % over 12 hours admitted decreased; 36.6% to 33.5%.
- % over 12 hours non admitted has remained stable at 3.6%
- % of patients admitted remains consistent at 33%

Counter measures remain in place within the Breakthrough objective slides.

Pressure to maintain flow and bed availability with increasing demand, thereby with a potential to impact elective activity. This is mitigated by our ongoing Seasonal Planning and work with system partners.

Physical and pathway reconfiguration required for WFP programme works creating IFD project. Working with key stakeholders to mitigate potential Impact on capacity

Common cause - no significant change.	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values.		Special cause of improving nature or lower pressure due to (H)igher or (L)ower values.		Variation indicates inconsistently hitting passing and falling short of the target.	Variation indicates consistently (P)assing the target.	Variation indicates consistently (F)alling the target.

Our Performance

Non Alerting Watch Metrics

Plan Area	Measure Name	Target /SPC Target Icon	SPC Improv. Icon	Apr-23	May-23	Jun-23	Jul-23
RTT	No. of >=78 weeks waiters	SPC	L	1	1	0	0
Cancer	No. of referrals received	SPC		1518	1844	1883	One month behind
ED	UTC (Type 03) - Percentage Arrival to Departure within 4 Hours	95% (Nat)	?	95.7%	93.9%	93.6%	95.6%
	UTC (Type 03) - Percentage Arrival to Departure over 12 Hours	2% (Nat)	P	0.0%	0.1%	0.0%	0.0%
	Total ED Type 1 Attendances (all arrival methods)	SPC		4809	5250	5433	5347
	A&E Arrival Triage % Within 15 Minutes Arrival by Ambulance	SPC	H	66.8%	63.8%	69.0%	70.0%
	Type 1 - Triage Performance (% Triaged within 15 Minutes of Arrival)	SPC		50.2%	43.7%	47.0%	50.7%
	Type 3 - Triage Performance (% Triaged within 15 Minutes of Arrival)	SPC		44.2%	38.5%	42.6%	47.3%
	A&E (ED & UTC) Median Arrival to Departure in Minutes	240 (Int)	P	180	192	198	187

Performance & Counter Measure

ED Type 3 performance continues to meet the threshold values.

Cancer referrals remain above pre covid levels, resulting in capacity issues in a number of sites. The services are providing WLI activity to support where possible, though cancer performance is adversely affected where this is insufficient.

Risks

Common cause - no significant change.	Special cause of concerning nature or higher pressure due to higher or lower values.		Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values.		Variation indicates inconsistently hitting passing or falling short of the	Variation indicates consistently (P)assing the target.	Variation indicates consistently (F)assing the target.

Our Performance

Non Alerting Watch Metrics

Plan Area	Measure Name	Target /SPC Target Icon	SPC Improv. Icon	Apr-23	May-23	Jun-23	Jul-23
ED	Emergency Care - AED - Median Stay	240 (Int)		238	239	239	238
	Emergency Care - UTC - Median Stay	240 (Int)		139	151	158	145
	Total Number of Ambulance Handovers	SPC		1571	1613	1598	1705
	Total Hours Ambulance Handover Waits (over 15mins)	SPC		951.30	1057.00	1628.78	1521.06
	Number of Ambulance Handover Over 15 Minute Waits	SPC		1051	1127	1152	1244
	Number of Ambulance Handover Over 60 Minutes Waits	SPC		304	382	462	474
Flow	Admitted - Average Length of Stay in Department (mins)	SPC		725	772	666	632
	Elective Patients Average Length of Stay (Days)	SPC		3	3	3	2
	Non-Elective Patients Average Length of Stay (Days)	SPC		5	5	5	5
	Number of Stranded Patients (over 14 days)	SPC		136	134	127	116

Performance & Counter Measure

ED Type 3 performance continues to meet the threshold values.

Risks

Common cause - no significant change.	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values.		Special cause of improving nature or lower pressure due to (H)igher or (L)ower values.		Variation indicates inconsistently hitting passing and falling short of the target.	Variation indicates consistently (P)assing the target.	Variation indicates consistently (F)alling the target.

Use of Resources

Great Western Hospitals NHS Foundation Trust

Non Alerting Watch Metrics

Plan Area	Measure Name	Target /SPC Target Icon	SPC Improv. Icon	Apr-23	May-23	Jun-23	Jul-23
Use of Resources	Capital Expenditure (£'000)	SPC		0	761	2386	2184
	Pay (£'000)	SPC		23931	25949	25830	25024
	Non Pay (£'000)	SPC		15273	15528	16488	15127

Performance & Counter Measure

Capital spend has decreased slightly in month and is slightly ahead of plan for its internal projects.

Pay costs are a £0.8m decrease from M3; substantive costs are £1.1m lower due to payment of the pay award in M3. Bank/locum costs increased by £0.3m due to industrial action, and agency is on track with previous months spend.

Non-Pay is a £1.4m decrease split across all divisions; prior year accrual releases of £0.6m and ERF costs accrued of £0.75m explain the majority of this movement.

Common cause - no significant change.	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values.		Special cause of improving nature or lower pressure due to (H)igher or (L)ower values.		Variation indicates inconsistently hitting passing and falling short of the target.	Variation indicates consistently (P)assing the target.	Variation indicates consistently (F)alling the target.

Risks

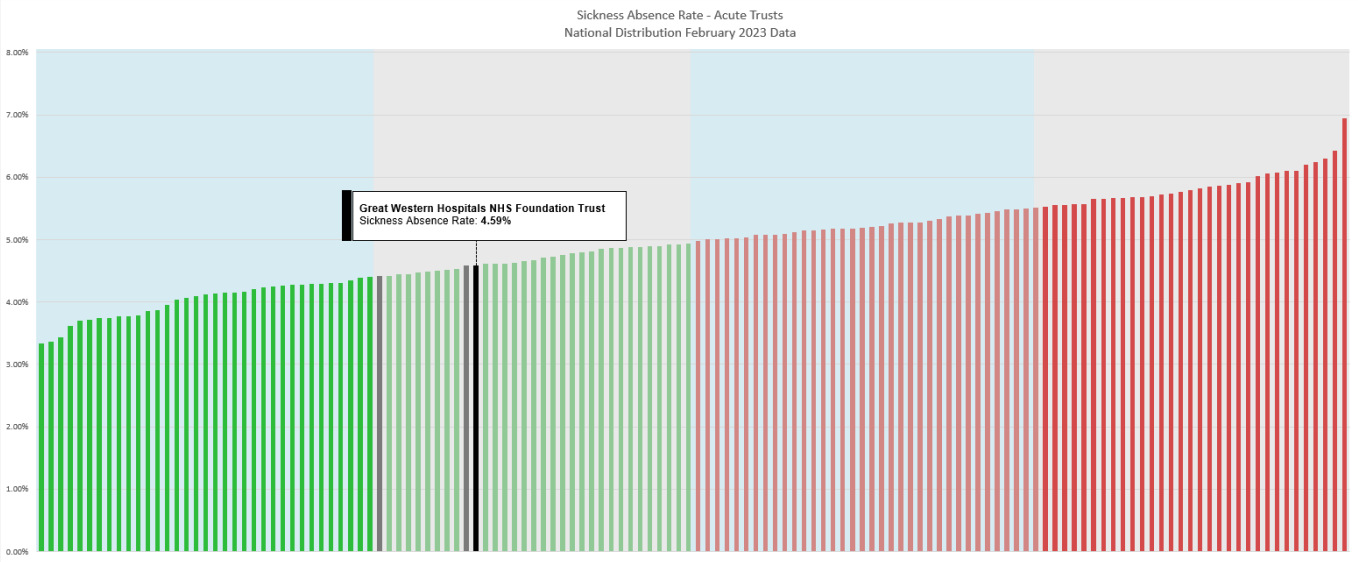
The Trust started the year with a £16.67m cash releasing efficiency plan, which includes a £2.98m carry over from 22/23. As at Month 4, the programme is £1.1m under plan, a deterioration of £0.5m from M3. This is due to Medicine recording £0.6m of savings in M3 relating to CMDU/discharge lounge, falling to £0.1m in M4 against a plan of £0.8m. Together, the other divisions have delivered £0.1m above plan. Out of the £16.67m target £15.3m is identified, in line with M3. £5.6m is fully developed, up from £4.5m in M3. Divisions and supporting services must work to turn the remaining schemes flagged as opportunities into deliverable savings, as well as identifying schemes for the £3.2m currently flagging as unidentified.

Our People

Great Western Hospitals NHS Foundation Trust

Alerting Watch Metrics

Plan Area	Measure Name	Target /SPC Target Icon	SPC Improv. Icon	Apr-23	May-23	Jun-23	Jul-23	Trend
Workforce	Trust sickness absence rate	3.5% (Int)	F	3.8%	3.7%	3.8%	One month behind	



Performance & Counter Measure

- Sickness absence has increased marginally in June, however is in line with the position for April. Long-term sickness absence is currently below the Trust target, reporting at 1.4% (compared to 1.9% in May). Short-term sickness absence has increased in month however, moving from 1.8% to 2.1% and driving our overall absence increase for June.
- The most recent national benchmarking data (March 2023 - NHS Digital) shows further decrease to the national sickness level, reducing from 5.0% to 4.9%, with the same trend visible in the South West position. For this period the GWH absence rate is 4.59% putting us in the second quartile across Acute Trusts. It is anticipated that we will see further improvement to this position once May 2023 data becomes available nationally, in line with our improved local position.

Risks

- Increase sickness rate as per national trend during winter.

Common cause - no significant change.	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values.		Special cause of improving nature or lower pressure due to (H)igher or (L)ower values.		Variation indicates inconsistently hitting passing and falling short of the target.	Variation indicates consistently (P)assing the target.	Variation indicates consistently (F)alling the target.

Our People

NHS
Great Western Hospitals
NHS Foundation Trust

Non Alerting Watch Metrics

Plan Area	Measure Name	Target /SPC Target Icon	SPC Improv. Icon	Apr-23	May-23	Jun-23	Jul-23
Workforce	% of leavers within 1st year of employment	31.2% (Int)		36.4%	29.5%	23.5%	One month behind

Plan Area	Metric	Target /SPC Target Icon	2017	2018	2019	2020	2021	2022	2023 Q1	2023 Q2
Workforce	Staff Survey response rates	44% (Nat)	46.5%	43.6%	40.0%	53.4%	39.5%	58.7%	22.8%	23.8%
	My immediate manager takes a positive interest in my health and well-being	67.4% (Nat)	68.8%	67.5%	74.8%	69.2%	64.4%	67.6%	Not in Quarterly Survey	Not in Quarterly Survey

Performance & Counter Measure

- The % of leavers within 1st year of employment has further decreased in June 2023 to 23.5%. A deep-dive into these leavers was conducted in July, highlighting Work/Life balance as our top contributing factor. Findings will be presented to People & Culture Committee in August, and an action plan to decrease leavers in this category is being developed through the Retention Working Group.
- Staff Survey response rates for the Q2 survey have increased slightly compared to Q1. The next Staff Survey will be the annual 2023 survey, and planning is underway to ensure a high response rate.

Risks

Common cause - no significant change.	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values.		Special cause of improving nature or lower pressure due to (H)igher or (L)ower values.		Variation indicates inconsistently hitting passing and falling short of the target.	Variation indicates consistently (P)assing the target.	Variation indicates consistently (F)alling the target.

Our People

Workforce Scorecard

NHS
Great Western Hospitals
NHS Foundation Trust

Type	Metric	Unit/Measure	Target	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Trend Vs Last Month	Trend Vs Jul-22
	Vacancy																	
W	Vacancy Rate	%	7.00%	7.48%	6.70%	6.31%	6.56%	5.97%	6.23%	7.43%	6.40%	5.30%	7.52%	8.06%	7.94%	7.80%	↓	↑
W	Vacancy Rate	WTE	-	386.57	347.09	328.65	343.04	313.11	329.52	392.94	335.02	276.66	401.58	437.89	431.29	423.68		
W	All Nursing Vacancy	%	7.00%	5.62%	4.88%	5.58%	5.95%	5.27%	5.62%	6.51%	5.20%	3.65%	4.50%	4.95%	5.38%	5.00%	↓	↓
W	All Nursing Vacancy (Reg & Unreg)	WTE	-	140.23	122.71	141.28	151.92	135.61	146.64	170.25	135.53	94.47	117.71	132.11	143.74	133.58		
W	All Registered Nursing Vacancy	WTE	-	130.70	121.67	113.32	102.85	87.51	91.41	92.65	77.18	43.38	84.20	97.00	107.48	103.62		
W	B5 Nursing Vacancy (exc. Corp & inc. Pre-Reg)	WTE	-	63.29	55.96	50.49	51.28	43.73	54.94	47.18	36.73	27.43	27.90	44.94	53.47	59.84		
W	B2-4 Nursing Vacancy (exc. Pre-Reg)	WTE	-	9.53	1.04	27.96	49.07	48.10	55.23	77.60	58.35	51.09	33.51	35.11	36.26	29.96		
W	Medical Vacancy	%	7.00%	9.57%	6.53%	3.64%	5.73%	5.80%	5.43%	5.61%	8.49%	6.86%	9.35%	10.14%	9.93%	10.34%	↑	↑
W	Medical Vacancy	WTE	-	67.19	45.84	25.59	40.26	40.74	38.33	39.16	59.19	47.86	67.29	74.56	73.05	76.03		
W	STT/AHP Vacancy	%	7.00%	8.94%	8.25%	7.57%	6.89%	6.09%	6.54%	6.97%	6.29%	7.66%	11.10%	12.48%	12.69%	13.04%	↑	↑
W	STT/AHP Vacancy	WTE	-	74.04	68.37	62.72	57.10	50.49	54.28	57.85	51.64	63.84	94.86	107.82	110.17	113.09		
W	SMA Vacancy	%	7.00%	9.21%	9.66%	8.68%	8.21%	7.55%	7.88%	10.97%	7.96%	6.37%	10.62%	10.60%	9.01%	8.71%	↓	↓
W	SMA Vacancy	WTE	-	105.11	110.17	99.06	93.76	86.27	90.27	125.68	88.66	70.50	121.73	123.41	104.33	100.98		
W	Recruitment Time to Hire - Trust Sub	Days	46.00	62.00	61.10	74.70	63.70	74.30	72.30	91.30	50.90	54.50	52.90	50.60	47.60	49.10	↑	↓
W	Recruitment Time to Hire - Trust Bank	Days	46.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	117.90	127.80	118.00	58.50	26.90	50.40	↑	↑
	Workforce Utilisation																	
W	Establishment WTE	WTE	-	5,167.69	5,183.80	5,204.80	5,226.19	5,248.35	5,289.43	5,289.16	5,236.02	5,224.47	5,337.41	5,434.85	5,433.60	5,433.60		
W	Budgeted vs Worked WTE Variance	WTE	-	138.18	191.36	121.32	71.73	184.22	87.54	51.12	109.91	237.88	31.63	45.87	51.26	4.23		
W	Actual Worked vs Budgeted %	%	-	2.67%	3.69%	2.33%	1.37%	3.51%	1.65%	0.97%	2.10%	4.55%	0.59%	0.84%	0.94%	0.08%		
W	Total Workforce Cost £	£	-	£21.78M	£21.98M	£27.41M	£23.43M	£24.05M	£23.64M	£22.93M	£24.66M	£23.73M	£23.85M	£23.98M	£25.73M	£24.82M		
W	Agency Spend as % of Total Spend	%	4.50%	4.18%	6.23%	5.65%	6.53%	6.17%	5.97%	5.60%	4.98%	5.35%	3.41%	5.55%	3.41%	4.18%	↑	↑
W	Agency Spend £	£	-	£0.91M	£1.37M	£1.55M	£1.53M	£1.48M	£1.41M	£1.28M	£1.23M	£1.27M	£0.81M	£1.33M	£0.88M	£1.04M		
W	Agency Target £	£		-	-	-	-	-	-	-	-	-	£1.21M	£1.04M	£0.88M	£0.76M		
W	Agency Spend vs Target £	£ Diff	£0.00M	-	-	-	-	-	-	-	-	-	-£0.40M	£0.29M	£0.00M	£0.28M	↑	↓
W	Agency WTE	WTE	-	121.32	134.43	137.51	127.69	113.12	109.26	102.88	90.00	106.82	90.76	105.02	96.40	94.71		
W	Bank WTE	WTE	-	377.97	375.45	285.71	258.31	354.47	278.67	310.93	323.25	377.11	303.84	351.68	355.36	303.23		
W	Registered Nursing Bank Fill	%	45.00%	44.52%	37.70%	46.59%	48.32%	53.80%	43.60%	52.86%	55.30%	54.71%	57.70%	57.91%	54.99%	54.47%	↓	↑
W	Unregistered Nursing Bank Fill	%	70.00%	72.53%	69.81%	72.94%	66.26%	70.85%	62.98%	74.32%	71.78%	77.63%	83.58%	81.52%	80.82%	79.98%	↓	↑

Our People

Workforce Scorecard

NHS
Great Western Hospitals
NHS Foundation Trust

Type	Metric	Unit/Measure	Target	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Trend Vs Last Month	Trend Vs Jul-22
	Retention																	
W	All Turnover %	%	13.00%	15.90%	15.00%	14.87%	14.69%	14.52%	14.90%	14.84%	14.42%	14.48%	13.79%	13.88%	13.27%	-	↓	↓
W	Voluntary Turnover %	%	11.00%	12.64%	12.07%	12.00%	11.78%	11.54%	11.84%	11.57%	11.25%	11.16%	10.54%	10.52%	10.17%	-	↓	↓
W	Number of Leavers	Headcount	-	78	48	63	57	54	68	72	43	79	33	61	51	-		
W	Number of RN Leavers	Headcount	-	16.00	11.00	15.00	8.00	6.00	14.00	15.00	8.00	17.00	7.00	14.00	16.00	-		
W	Registered Nursing Vol Turnover	%	-	10.38%	9.95%	9.85%	9.45%	8.86%	8.69%	8.42%	7.89%	7.72%	6.95%	6.72%	6.72%	-		
W	Number of Unreg Nursing Leavers	Headcount	-	13.00	15.00	15.00	17.00	17.00	19.00	15.00	12.00	12.00	8.00	12.00	10.00	-		
W	Unregistered Nursing Vol Turnover	%	-	15.76%	15.10%	15.24%	15.67%	15.57%	16.27%	16.63%	16.47%	15.85%	15.36%	15.08%	13.90%	-		
W	Leavers within 1st Year of Employment	%	-	29.49%	22.92%	20.63%	28.07%	29.63%	20.59%	23.61%	30.23%	24.05%	36.36%	29.51%	23.53%	-		
W	Number of starters	Headcount	-	55	98	103	103	83	56	107	72	77	75	66	64	-		
	Absence																	
D	Sickness Absence % Rolling 12 Month	%	3.50%	5.57%	5.29%	5.16%	5.20%	5.14%	5.24%	5.19%	5.12%	5.07%	4.96%	4.84%	4.73%	-	↓	↓
D	Sickness Absence %	%	3.50%	6.01%	4.73%	4.77%	5.34%	4.87%	5.79%	4.89%	4.52%	4.60%	3.83%	3.66%	3.75%	-	↑	↓
W	Long Term Sickness %	%	2.00%	2.67%	2.70%	2.52%	2.36%	2.36%	2.49%	2.52%	2.22%	2.24%	2.10%	2.04%	1.77%	-	↓	↓
W	Short Term Sickness %	%	1.50%	3.34%	2.03%	2.24%	2.98%	2.51%	3.30%	2.38%	2.30%	2.35%	1.72%	1.61%	1.98%	-	↑	↓
W	Sickness Absence Cost £	£	-	£833.3k	£636.9k	£626.5k	£757.0k	£646.3k	£744.7k	£686.8k	£575.4k	£675.3k	£546.9k	£574.4k	£550.4k	-		
W	WTE Days Lost	WTE	-	8,669.9	6,823.7	6,688.1	7,846.0	7,055.2	8,721.5	7,358.2	6,109.2	6,960.2	5,648.5	5,612.7	5,568.9	-		
	Learning & Development																	
W	Mandatory Training Compliance %	%	85.00%	87.71%	86.66%	87.18%	85.76%	86.38%	86.38%	86.61%	86.79%	87.69%	89.20%	90.27%	89.81%	89.90%	↑	↑
W	Role Essential MT %	%	85.00%	89.61%	88.53%	89.25%	87.97%	88.74%	88.92%	89.06%	89.03%	89.66%	90.92%	91.59%	91.37%	91.40%	↑	↑
W	CQC Safe MT %	%	85.00%	85.86%	84.85%	85.17%	83.60%	84.08%	83.89%	84.18%	84.54%	85.71%	87.48%	88.95%	88.25%	88.38%	↑	↑
W	Bank-Only Mandatory Training Compliance %	%	85.00%	-	-	-	-	-	-	-	-	-	59.32%	64.39%	73.18%	76.28%	↑	↓
W	Appraisal Compliance %	%	85.00%	75.56%	75.75%	75.04%	76.32%	79.31%	81.43%	81.16%	83.33%	82.25%	83.11%	82.18%	83.86%	83.94%	↑	↑
W	Non Medical Appraisal Compliance %	%	85.00%	77.91%	78.12%	78.03%	77.94%	78.88%	81.08%	80.60%	82.33%	80.68%	82.46%	81.38%	82.76%	83.29%	↑	↑
W	Medical Appraisal Compliance %	%	85.00%	58.38%	58.41%	53.44%	64.63%	82.84%	84.13%	85.44%	91.07%	93.90%	87.90%	88.00%	91.81%	88.64%	↓	↑
	Demographics																	
W	Staff in Leadership Roles %	%	-	3.29%	3.14%	3.21%	3.31%	3.19%	3.16%	3.20%	3.26%	3.26%	3.44%	3.45%	3.43%	0.93%		
W	Staff in Leadership Roles WTE	WTE	-	192.00	185.00	191.00	197.00	192.00	191.00	192.00	196.00	197.00	207.00	210.00	209.00	57.00		
W	% of Leadership Roles who are Female	%	-	65.63%	67.03%	66.49%	67.01%	67.71%	67.54%	68.23%	68.37%	67.51%	68.12%	68.57%	67.46%	56.14%		
W	% of Leadership Roles who from BME	%	-	5.73%	5.95%	6.28%	6.60%	5.73%	5.76%	6.77%	6.63%	6.60%	6.28%	6.67%	6.70%	5.26%		
W	Male % of Workforce	%	-	17.63%	17.48%	17.67%	17.51%	17.43%	17.43%	17.55%	17.50%	17.71%	17.63%	17.75%	17.83%	17.90%		
W	Female % of Workforce	%	-	82.37%	82.52%	82.33%	82.49%	82.57%	82.57%	82.45%	82.50%	82.29%	82.37%	82.25%	82.17%	82.10%		
W	BME % of Workforce	%	-	20.87%	21.11%	21.30%	21.53%	21.89%	21.99%	22.54%	22.75%	23.24%	23.60%	24.22%	24.19%	24.49%		
W	White % of Workforce	%	-	70.22%	70.00%	69.69%	69.60%	69.32%	69.14%	68.74%	68.71%	68.25%	68.07%	67.43%	67.29%	67.08%		

Our People

Great Western Hospitals NHS Foundation Trust

Workforce Scorecard - Workforce Planning

		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Establishment	*Operational Submission*	5391.46	5391.46	5391.46	5391.46	5391.46	5391.46	5391.46	5391.46	5391.46	5391.46	5391.46	5391.46
	Actual Reported	5337.41	5486.23	5433.60	5433.60								
	Variance	-54.05	+94.77	+42.14	+42.14								
Workforce (ESR Contracted)	*Operational Submission*	4917.66	4942.06	4958.27	4973.06	4996.74	5018.76	5041.25	5057.46	5066.09	5064.08	5064.98	5067.30
	Actual Reported	4935.83	4996.96	4809.78	5009.92								
	Variance	+18.17	+54.90	-148.49	+36.86								
Bank WTE	*Operational Submission*	271.91	322.50	262.43	246.62	240.30	300.37	303.53	262.43	278.24	208.68	227.65	237.13
	Actual Worked	303.84	351.68	355.36	303.23								
	Variance	+31.93	+29.18	+92.93	+56.61								
Agency WTE	*Operational Submission*	104.12	123.49	100.49	94.43	92.01	115.01	116.23	100.49	106.54	79.90	87.17	90.80
	Actual Worked	90.76	105.02	96.40	94.71								
	Variance	-13.36	-18.47	-4.09	+0.28								

Key

Outside of tolerance
Within tolerance
in excess of plan
less than plan

Performance & Counter Measure

- WTE has stabilized in M4 in line with the Trust control target of 5441 but remains above the workforce plan by 42wte – sunflower (which will be removed in August).
- Contracted is slowing down and therefore a refocus on recruitment new starters in underway with a target of 90 new starter per month.
- Agency usage remains within planned levels demonstrating the control measures in place for Nursing particularly.
- Bank remains above plan – reviews of bank usage underway through nursing agency review meetings

Risks & Mitigations

- Any proposals to change establishment continue to be presented at the joint Workforce Review Meetings and planned increases are circa +10 WTE by M6. This is remains within tolerance and includes posts with secured income.
- Whilst Agency usage is within tolerance, bank usage is higher than planned (+57 WTE). This is outside of tolerance but is lower in variance compared to M3 and still within the funded establishment (Contracted Staff in post and worked temporary staffing totals 83 WTE less than establishment). Weekly bank reports have been deployed in M4 to support oversight of bank usage similarly to agency reporting in support to divisional control and appropriate challenge.

Appendices

Explaining the IPR

Improving
together

Explaining the IPR

Great Western Hospitals NHS Foundation Trust

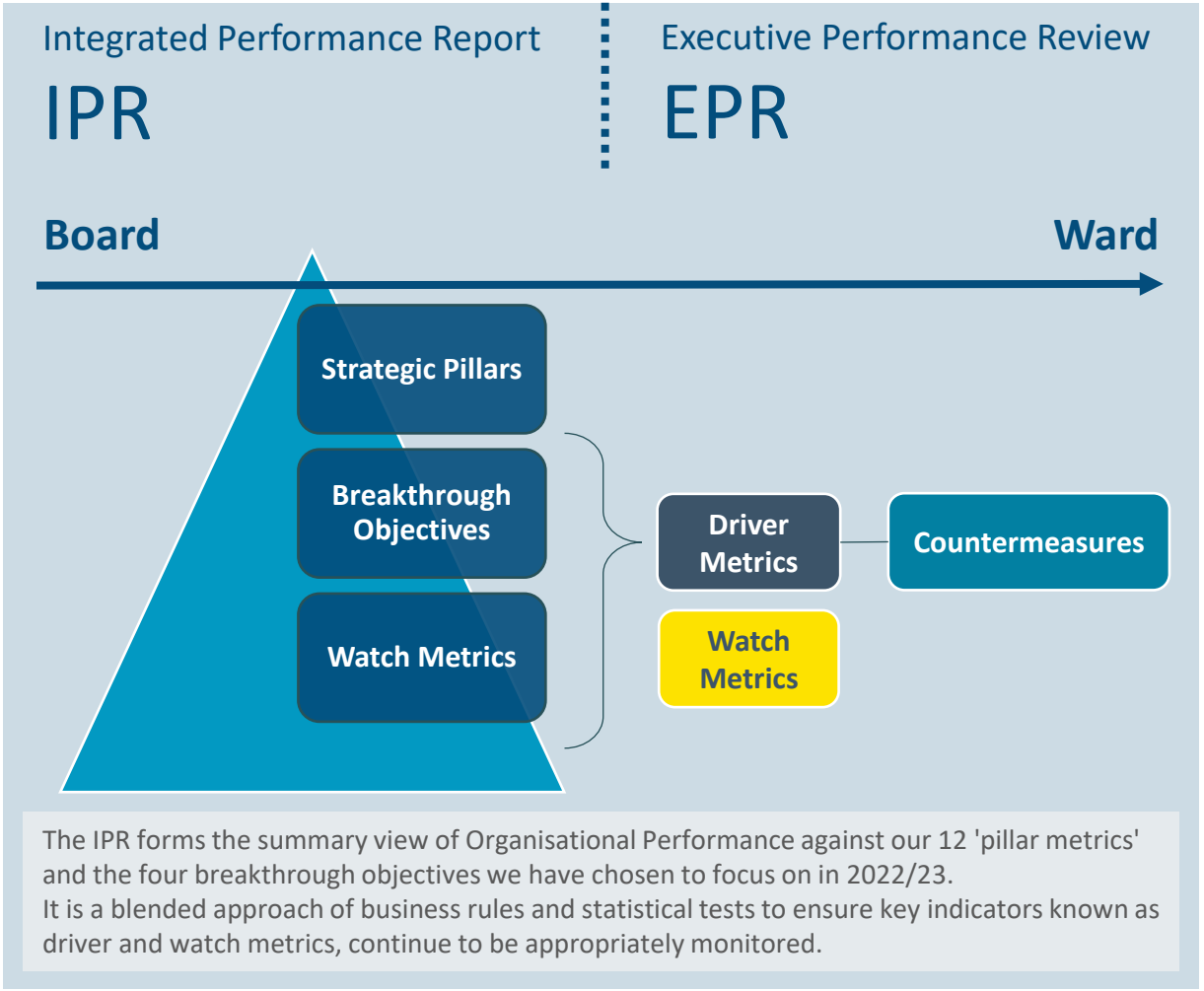
To turn our strategic themes (pillars) into real improvements, we're focusing on four key objectives that contribute to these themes for the next year.

- Tissue viability – reducing pressure ulcers
- Emergency Attendances - Clinically Ready to Proceed (Admitted)
- Implied Productivity
- Staff Survey - I am able to make improvements happen in my area of work

We have chosen these four objectives using data to see where we can make the most significant improvements by focusing our efforts. We'll also use data to measure how much we're making a difference.

Frontline teams will lead improvements in these areas of focus. They will be supported by our Transformation and Improvement Hub, which will help give teams the training and tools they need, and our Executive Directors will set the priorities and coach leaders in how to support change. Our corporate teams will work with frontline teams to tackle organisation-wide improvements.

We recognise that this change in the way we work together means changing our behaviour and the way we do things. We will develop all leaders – from executive directors to ward managers - to be coaches, not 'fixers'. We will live our Trust values in the way we work together, and involve patients in our improvement journey.



The IPR forms the summary view of Organisational Performance against our 12 'pillar metrics' and the four breakthrough objectives we have chosen to focus on in 2022/23.
It is a blended approach of business rules and statistical tests to ensure key indicators known as driver and watch metrics, continue to be appropriately monitored.

Our vision & strategic focus

Great Western Hospitals NHS Foundation Trust

Our Vision

We will deliver great joined up services for local people at home, in the community and in hospital, helping them to lead independent and healthier lives.

Our four strategic pillars

- Outstanding patient care and a focus on quality improvement in all that we do
- Staff and volunteers feeling valued and involved in helping improve quality of care for patients
- Improving the quality of patient care by joining up acute and community services in Swindon and through partnerships with other providers
- Using our funding wisely to give us a stronger foundation to support sustainable improvements in quality of patient care

Strategic Planning Framework

Great Western Hospitals NHS Foundation Trust

Our Vision

We will deliver great joined up services for local people at home, in the community and in hospital, helping them to lead independent and healthier lives.

1 Our four strategic pillars

Our pillar metrics

1	Reducing Harm	6	Staff Retention	9	Emergency Attendances	11	Sustainability / Carbon footprint
2	FFT (Friends & Family Test)	7	Staff Survey - % Recommend	10	No Criteria to Reside	12	Trust Control Total / I & E (Income & Expenditure)
3	Waiting list –over 65 week waiters	8	ED & I (Equality, Diversity & Inclusion)				
4	Cancer waiting times						
5	Time in ED (Emergency Department)						

To know if we are winning or losing we have metrics assigned to each domain that we will continuously measure to gauge improvement

3 Strategic Initiatives

Must do can't fail

1	Leadership & Management Capability		
2	The Way Forward Programme	4	System & Place
3	Digital First	5	Improving Together

4 Overlap

Corporate Projects

e.g.	Electronic Patient Record
e.g.	The Great Care Campaign

2 12-Month Breakthrough Objectives

Operational in nature and where we will focus our improvement

BTO	Productivity	BTO	Time to Clinically Ready to Proceed
BTO	Staff Survey = % improvements	BTO	Pressure Harms

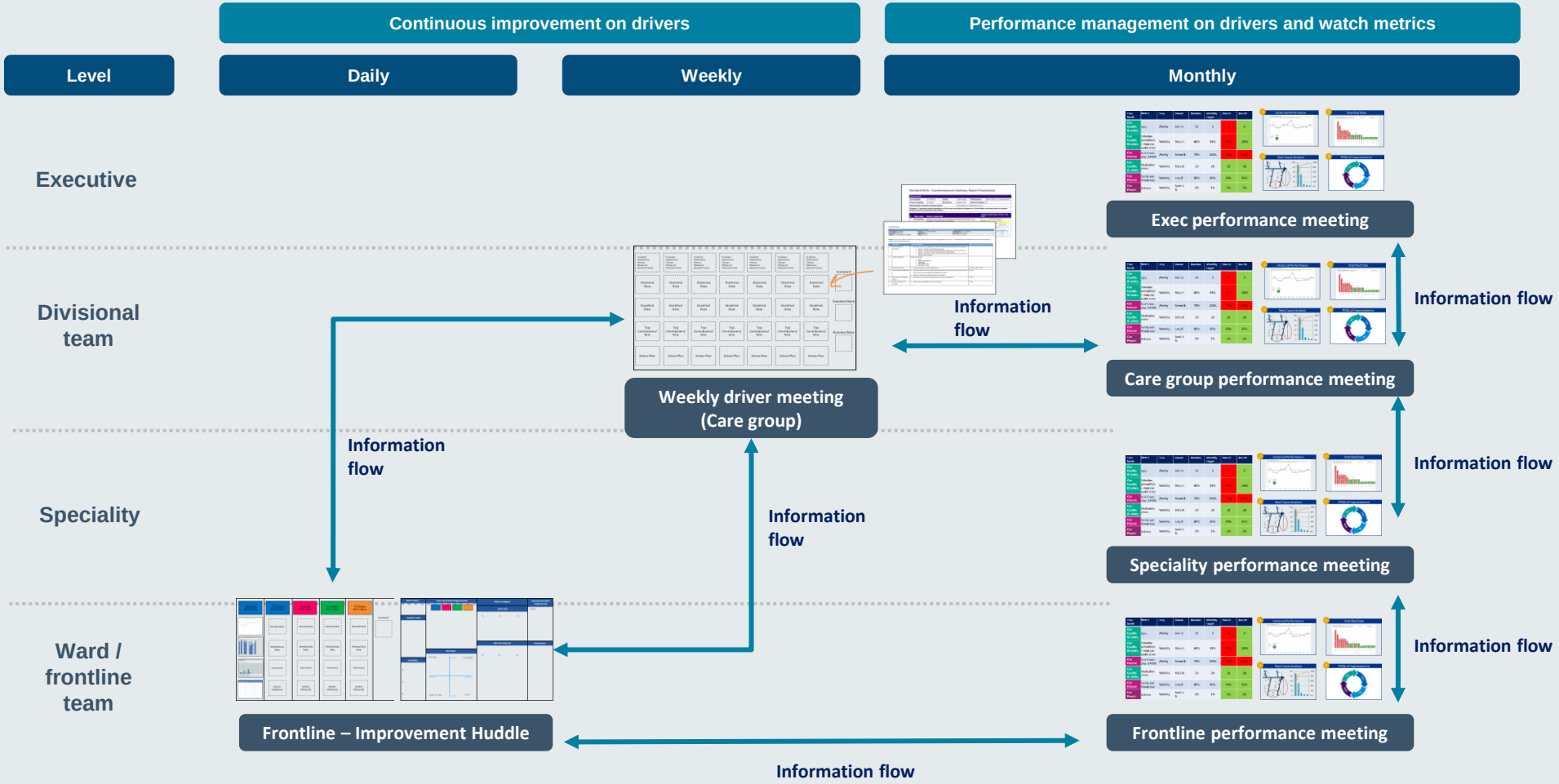
Delivery mechanism – running the organisation

- Continuous Improvement
- Operational Management System (OMS)
- Linked through scorecards & scorecard agreement
- Strategic filtering
- Programme delivery

Service | Teamwork | Ambition | Respect

Ward to Board Meeting Blueprint

Great Western Hospitals NHS Foundation Trust



Building a culture of continuous improvement

NHS
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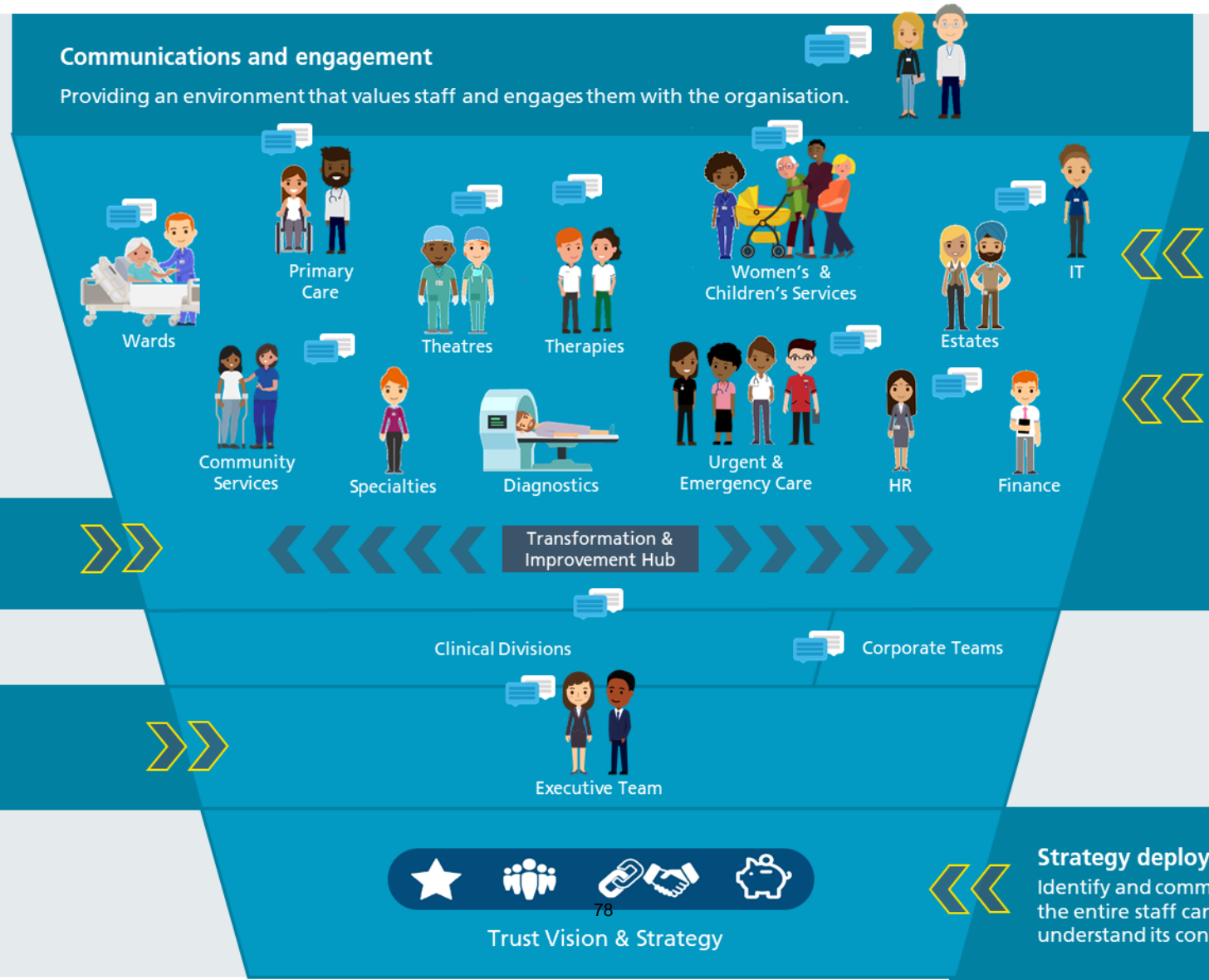
NHS Foundation Trust



Transformational projects
Using improvement methodology to create step-change improvement.

Operational Management System
A system of routines, behaviours and tools which ensure daily continuous improvement and performance excellence.

Transformation & Improvement Hub
Develop an internal capability to develop and sustain improvement journey.

Leadership behaviours
Develop new leadership styles at the top of the organisation, and capability to cascade this through management.

Strategy deployment
Identify and communicate a focused set of priorities to ensure the entire staff can align with the organisation's strategy and understand its contribution to achieving the strategy.

SPC supporting business rules

Great Western Hospitals NHS Foundation Trust

What is statistical process control (SPC)?

Statistical process control (SPC) is an analytical technique that plots data over time. It helps us understand variation and in doing so, guides us to take the most appropriate action.

The 'Improving Together' methodology incorporates the use of SPC Charts alongside the use of Business Rules to identify common cause and special cause variations and uses **NHS Improvement** SPC icons to provide an aggregated view of how each KPI is performing with statistical rigor.

The main aims of using statistical process control charts is to understand what is different and what is normal, to be able to determine where work needs to be concentrated to make a change. The charts also allow us to monitor whether metrics are improving.

Key Facts about an SPC Chart

A minimum of 15-20 data points are needed for a statistical process control chart to have meaningful insight. 99% of all data will fall between the lower and upper confidence levels.

If data point falls outside these levels, an investigation would be triggered.

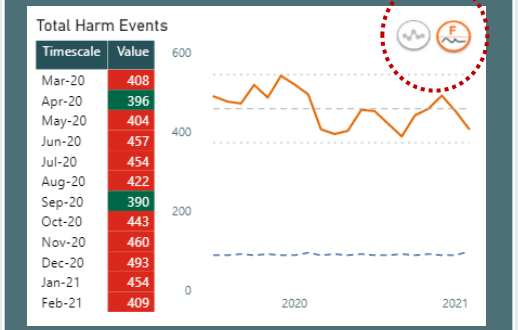
It contains two types of trend variation: Special Cause (**Concerns** or **Improvement**) and **Common Cause** (i.e. no significant change.

NHS Improvement SPC icons:

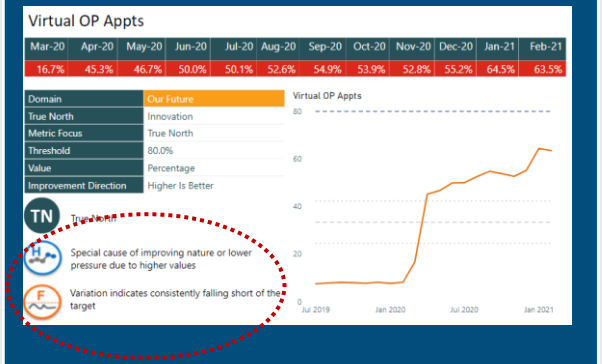
Variation			Assurance		
					
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values	Variation indicates inconsistently hitting passing and falling short of the target	Variation indicates consistently (P)assing the target	Variation indicates consistently (F)alling short of the target

Where to find them:

Strategic Pillars



Breakthrough Objectives



Performance business rules

		Alignment with Making data count	Rule	Actions
1		N/A	Driver is **Blue** for reporting period	Share success and move on
2	●	Blue dots – showing sustained improvement	Metric is positively outside SPC control limits for seven consecutive reporting periods	Discussion: 1. Switch to watch metric 2. Increase target
3	●	**Orange** dot	Metric is negatively outside SPC control limits for 1 reporting period (e.g. 1 month)	Share top contributing reason, and the amount this contributor impacts the metric
4	●	**Orange** dot	Metric is negatively outside SPC control limits for 2 consecutive reporting periods (e.g. 2 months)	Produce Countermeasure summary performance report
5	●	**Orange** dot	Watch is **Orange** for 3 of the last 4 months (above / below the mean)	Move from Non alerting to Alerting Watch Metric Discussion: 1. Switch to driver metric (replace driver metric into watch metric) 2. Review thresholds
6	●	**Grey** dots	Metric is within control limits	Continue to maintain this performance

Agreed Terms

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Term	Description
A3	A methodology used as part of Improving Together to ensure that problems, ideas, and areas for improvement are all approached in the same way. A3 provides a template for thinking through a problem, so that teams gain a good understanding of the problem and causes, before reaching a solution. Coined 'A3' after the A3 sized paper used to map the process, it consists of eight steps, with questions to work through. This visual tool provides a complete picture of the problem, contributions, and solution, on one page which should be displayed for all involved to see.
Breakthrough Objectives	The few significant changes we need to meet in order to achieve our vision. Objectives should be achieved within a 12-month period and through teamwork across the organisation.
Business Rules	A set of rules used to determine how metrics are discussed in Performance Review Meetings.
Corporate Projects	Large complex projects identified as a priority by the Executive Team which require the involvement of more than one team, and/or significant capital investment.
Countermeasure	An action to prevent a problem from continuing. It's not a solution so further action may be needed in the future if performance does not improve.
Countermeasure Summary	A document that summaries the A3 information used to explore a problem or area for improvement. It is presented at monthly Performance Review Meetings.

Agreed Terms

Great Western Hospitals NHS Foundation Trust

Term	Description
Driver Lane	A visual management tool displayed on a team's Performance Board, containing driver metric information taken from A3 workings (e.g., problem statement, data, contributing factors, 3 C's or Action Plan). Driver lane information is discussed every day at Improvement Huddle boards and in more detail at driver meetings and monthly Performance Review Meetings.
Driver Meetings	Weekly meetings that update a team on progress against driver metrics. Having a strong awareness of how driver metrics are progressing is vital for continuous improvement. Driver meetings are also a way of checking progress to plan.
Driver Metrics	Metrics that a team chooses to focus on to help them achieve an improvement which will support one of the four pillars. Examples include, 'to reduce 30-day readmissions by 50%' or 'eliminate all avoidable surgical site infections.
Fishbone	A diagram used in the Root Cause section of the A3 template. It can be used to structure a brainstorming session to identify the potential causes of a problem.
Go and See	A visit to observe a specific problem or area for improvement and gain a better understanding of the process, engage with staff, and explore opportunities for improvement. While observing, visitors should ask open ended questions, lead with curiosity, and try to see the problem from different perspectives.
Important Project	A project that supports the four Pillars but is less of a priority than a Mission Critical Project.
Improvement Board	A visual tool to track daily improvement and operational activities. 1) Improvement activities will be identified when discussing the driver metric on the Performance Board. 2) Daily operational activities can be identified in the morning handovers/ward rounds.

Agreed Terms

Great Western Hospitals NHS Foundation Trust

Term	Description
Improvement Huddle Boards	A visual display used by teams to work through areas for improvement, track improvement work and daily operational activities. They should be used during daily improvement huddles, where staff can identify, and explore areas for improvement which align with the four pillars and vision. They aim to encourage conversation, involvement and team working. Improvement Huddle Boards need their own Standard Work document to ensure they are used effectively. Areas for improvement should be identified when discussing the Driver Metric on the Performance Board. Daily operational activities should be identified in morning handovers/ward rounds.
Improving together	Our new approach to improvement which will empower staff to make improvements in their own areas using a consistent approach to problem solving and exploring areas for improvement. This new way of working will help us to achieve our vision and the four pillars we want to be known for. It's important that every member of staff understands what our vision is, what the four pillars are, and how they can make improvements in their area to support these pillars, using the Improving Together approach.
Mission Critical Project	A critical project which may be mandatory, time sensitive, remove patient harm or form part of a wider system priority objective.
Operational Management System – Divisions	A way of working that enables the Improving Together approach to be applied routinely across the Divisions. Key elements of the system are: - To cascade the organisational priorities to Divisions and then frontline teams, ensuring everyone understands their contribution - Embedding a new performance framework - A focus on problem-solving at Divisions and team level, rather than waiting for solutions to be imposed from above - Embedding coaching behaviors to help support and develop colleagues.
Operational Management System - Frontline	A way of working that enables the Improving Together approach to be applied as part of the individual wards or departments daily work and routines. Key elements are: - A focus on problem-solving at a team, ward, or department level, rather than waiting for solutions to be imposed from above - Concentration on the Four Pillars and vision and ensuring everyone understands their contribution - The use of visual management tools that allow us to see and track improvement areas for our key priorities at a glance.
Performance Review Meeting	A monthly meeting where the scorecard is reviewed, and decisions are made to improve performance and resolve issues preventing improvement. The meeting is usually chaired by the manager and has all staff groups represented.
Plan Do Study Act (PDSA)	A four-stage problem solving model used for improving a process or carrying out change. It is particularly useful for small to medium sized ward or departmental problems. The PDSA cycle is a series of steps for gaining learning and knowledge for the improvement of a product or process. A PDSA Ticket is a proposed change which needs to be trialed. They are discussed at Improvement Huddles and can take 3-4 weeks to implement after planning, trying it out, observing the results, and acting on what is learnt.

Agreed Terms

Great Western Hospitals NHS Foundation Trust

Term	Description
Process Observation	Observing how a process or procedure is performing compared to the agreed standard. Benefits include creating stability and reducing the risk of deviation from the agreed standard. This process also creates opportunities for coaching, highlights any training or education needs, provides a baseline for improvement and aids problem solving.
Quick Win Ticket	Used to identify simple improvements during an Improvement Huddle (which can be made within 2-5 days). A method of problem solving used to identify the root causes of problems or barriers to improvement.
Root Cause Analysis	A method of problem solving used to identify the root causes of problems or barriers to improvement. A fishbone diagram, pareto charts and 5 why's are some of the tools used to guide a root cause analysis.
Scorecard	A visual management tool that lists the measures and projects a ward or department is focusing on. The purposes of a Scorecard is to: - Make strategy a continual process that involves everyone - Promote key measurements - Make clear the team's goals in relation to the Trust's four pillars - Provide a concise picture of the team's performance.
Scorecard Objectives	A formal conversation between two different levels in the organisation (e.g., Executive Directors and Divisional Leads) held annually to agree the next financial year's objectives, and the resources needed to achieve them. The aim being to: - Understand how each Division contributes to achieving the organisational priorities - Agree what additional local priorities each Division needs to achieve.
Standard Work	A written document with step-by-step instructions for completing a task using 'best practice' methods. Standard Work should be shared to ensure staff are trained in performing the task. The document should be regularly reviewed and updated.
Strategic Filter	A tool used to prioritise the different projects happening across the Trust.
Strategic Initiatives	Programme of work which are our must do, can't fail priorities for the organisation to support the four pillars and achieve our vision. They normally take place over a 3–5-year period.
Strategic Pillars	The Trust has four strategic pillars which we want to be known for and which will help us to achieve our vision. They are the four areas which we should be focusing on when making improvements. It's important that every member of staff understands what our vision is, what the four pillars are, and how they can make improvements in their area to support these pillars.

Agreed Terms

NHS
Great Western Hospitals
NHS Foundation Trust

Term	Description
Strategy Deployment	A planning process which gives long-term direction to a complex organisation. It identifies a small number of strategic priorities for staff to focus on so that we can do these things well, rather than spreading ourselves too thinly on lots of things.
Strategy Deployment Matrix	A resource planning tool which provides an overview of resource commitments across all teams, so no team is overloaded.
Structured 1:1	A regular structured conversation between a leader and team member that lasts between 10 and 30 minutes. Open ended questions are used to guide the conversation linked with the Four Pillars. The questions aim to promote a coaching conversation about planning and mitigating any risks. These conversations form part of a chain of conversations at different levels of the organisation. Examples include, Nurse in Charge and Ward Manager (daily), Ward Manager and Service Manager (weekly), Service Manager and the Divisional Director (fortnightly), Divisional Director and Chief Operating Officer (Monthly).
Structured Verbal Update	A verbal update that follows the Standard Work Structure laid out. It is given at Performance Review Meetings when the relevant business rules apply.
Tolerance Level	This is used if a Watch Metric is not on track, but not far off expected performance. A Tolerance Level can be applied against the metric, meaning as long as performance does not fall below the Tolerance Level, it can remain a Watch Metric.
Transformation and Improvement Hub (T&I Hub)	Our internal team of professionals embedding our new approach to improvement 'Improving together' across the organisation. Through training, coaching and support the T&I Hub are providing teams with the tools, routines and behaviours needed to solve problems and explore areas for improvement using a consistent approach. They can help teams to identify their vision for change, whether it be through problem solving, process mapping or developing plans. They will then support through a mixture of full day training sessions, bite sized coaching and work placed support.
Vision	Vision captures the few selected organisation wide priorities and goals or the strategic aims that guide all improvement work in an organisation. It can be developed by the Trust's executive team in consultation with many stakeholders. The performance of the True North metrics against targets is an indicator of the health of the organisation.
Watch Metrics	Measures that are monitored for adverse trends.

Great Western Hospitals NHS Foundation Trust

Board Committee Assurance Report

Performance, Population & Place Committee			
Accountable Non-Executive Director	**Presented by**		**Meeting Date**
Peter Hill	Peter Hill		30th August 2023
Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Y/N	BAF Numbers	

The key headlines / issues and levels of assurance are set out below, and are graded as follows:

Assurance Level	Colour to use in 'Assurance level' column below
Not assured	**Red – there are significant gaps in assurance, and we are not assured as to the adequacy of current action plans. If red, commentary is needed in "Next Actions" to indicate what will move the matter to "full assurance"**
Limited	**Amber – there are gaps in assurance, but we are assured appropriate action plans are in place to address these**
Significant	**Green – there are no gaps in assurance / high level of confidence in delivery of existing mechanisms/objectives**
Full	**Blue – Delivered and fully embedded**

Key Issue	Assurance Level		Committee Update	Next Action (s)	Timescale
	Risk	Actions			
Integrated Performance Report - Emergency Access	R	A	The Committee recognised the pressure the service remains under and appreciates efforts from staff and local leaders to maintain a safe and effective service. Average wait times continue to improve along with the clinical ready to proceed (CRTP) times. The Trust now has fewer non criteria to reside (NCTR) patients (sirca 80) which has enabled an improvement of patient flow from ED. UTC continues to perform well with potential for further improvement/development.	Monitor Actions	September 2023
Integrated Performance Report – Elective Access - RTT	R	A	The Trust continues to perform well against the 78-week standard with no patients breaching at the end of July. The Committee were however informed of 2-6 patients who will breach in August. Gastro remains the most challenging speciality. Improving Together methodology is being applied along with a large-scale valuation exercise that is yielding positive results.	Monitor Actions	September 2023

			With nearly 1,000 outpatient cancellations and 33 cancelled operations, July became the hardest hit month in terms of the impact of industrial action.		
Integrated Performance Report – Elective Access – DM01	R	A	Similar position to June with action plans in place, to improve the performance over the second half of 2023/24.	Monitor Actions	September 2023
Integrated Performance Report – Cancer	R	R	The Trust's performance continues to deteriorate against the key performance indicators and is now starting to benchmark quite poorly against the regional and national benchmark. Referrals for GWH cancer services have increased by 50% over five years whilst the increased capacity required has fallen short e.g medical workforce in Dermatology. The Divisions are applying the improving together methodology to seek improvements in performance, with the Head of Cancer Services expecting to see improvements, by time he reports back to PPPC in November.	Monitor Actions	September 2023
Seasonal Plan	A	G	The Committee received a positive presentation on plans going into the winter months. It clearly demonstrated lessons learnt from previous experience and is successfully pursuing a strategy of admission avoidance, discharge to assess and a reduced reliance on additional bed capacity. The Committee recognised its success was also depended upon effective partnership working and financial support from the system.	Monitor Actions	September 2023

Issues Referred to another Committee –	
Topic:	**Committee:**

Board Committee Assurance Report

Quality & Safety Committee			
Accountable Non-Executive Director	**Presented by**		**Meeting Date**
Dr Claudia Paoloni	Dr Claudia Paoloni		17 August 2023
Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Y	BAF Numbers	

The key headlines / issues and levels of assurance are set out below, and are graded as follows:

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Full	**Blue – Delivered and fully embedded**

Key Issue	Assurance Level		Committee Update	Next Action (s)	Timescale
	Risk	Actions			
IPR Pillar Metric: Total Harms	A	A	There has been a slight increase in the total number of harms from 211 to 225 in month but a continued decrease in the number of falls for the fifth consecutive month. The top contributors to harms remain pressure harms and our gram negative infection rates.		
IPR Pillar Metric: Friends & Family Test	A	A	There has been a slight increase in positive responses and the rate remains over the internal target of 86%. The Maternity FTT has shown a slight improvement in month.		
IPR Breakthrough Objective: Pressure Harms	A	A	There has been a marginal increase in the number of pressure harms both in the acute and community settings but there have continued to be no reported Category 3 or 4 harms in any areas where focused work has been undertaken.		

Key Issue	Assurance Level		Committee Update	Next Action (s)	Timescale
	Risk	Actions			
			The Committee received a report and presentation on the A3 methodology around pressure harms. Whilst it is clear the organisation is not meeting its trajectories in PU reduction, the Committee gained assurance that the divisional leads have good oversight over the existing issues with action plans in place to mitigate. This has involved reviewing roles and responsibilities, education and available equipment. Documentation has also been standardised and optimised. It is clear in areas where there is focused work, improvements are seen but the challenge remains around the sustainability of improvements which is impacted by safer staffing levels, continuous recruitment and training needs. There is good engagement from ward managers and there has been a noticeable improvement in the culture around PU management. The Committee received further assurance that the approach is correct and effective but will still take time to embed in all areas and that we are continuing to benchmark ourselves with peer organisations. There are high caseloads which add pressures to the community and tissue viability teams with limited contact points for individuals in the community impacting outcomes.		
IPR Alerting Watch Metric: Hospital Acquired Infections	R	A	Infection rates of gram negative bacteraemia have continued to increase but for E.coli and Klebsiella, whilst over target trajectory, the infection rates now appear to the tracking the anticipated path, suggesting that improvements are starting to be seen resulting from the focused work with Infection Prevention & Control around catheter care. MSSA rates remain stable which may also reflect the focused work on cannula care. *C.diff* rates are well over trajectory but this has been seen nationally and regionally. Whilst each local case has been investigated, no thematic causes have been identified in either care or antimicrobial use and this may be an indication of national post-Covid consequence. Concern remains around Pseudomonas and Legionella infection rates and reports around this were received later in the meeting.		

Key Issue	Assurance Level		Committee Update	Next Action (s)	Timescale
	Risk	Actions			
Maternity Performance Report	R	A	The committee felt it was necessary to change our risk ratings around the maternity performance report in view of the information received. We will not be compliant for CNST Year 5 (Maternity Incentive Scheme) criteria due to three safety factors around staffing rotas, ultrasound scanning capacity and non-compliance with all of the elements of Saving Babies Lives Care Bundle (Version 3). This has been impacted by new changes to the criteria which have been recently imposed. The Saving Babies Lives Care Bundle criteria also cannot be met due to key risks around scanning capacity and recent modifications to the criteria have also meant further measures will be required around smoking which impact our ability to fulfil this. To correct this position will require investment and support and a working group has been created to look at ways to manage the new requirements to include potential collaborative working in system.		
Cleaning Improvement Action Plan	R	A	A report was received from Bertie Young, Contract Director Serco, and Zara Norman, Matron in Neurology & Stroke, which explained that since April 2023 and the introduction of the National Standards of Healthcare Cleanliness 2021 and its subsequent changes to the cleaning team processes and practice, there has been a deterioration in cleanliness and overall infection rates of gram negative bacteraemia. It was noted that there had been an increase in infection rates where cleaning has an influence and reports from the wards of reduced levels of visible cleanliness. An action plan was implemented with immediate effect around resource allocation to areas of concern, supervision levels, standardised auditing and retraining of supervisors in collaboration with IPC and increased management and clinical lead focus. There has been a priority around a retraining programme for all domestic staff to meet cleaning practice needs with clearer communication around expectations and simpler processes to follow. The retraining of approximately 170 cleaning staff will take three to four months to complete and will involve individual performance plans where required to ensure consistency in our standards of practice.		

Key Issue	Assurance Level		Committee Update	Next Action (s)	Timescale
	Risk	Actions			
			Since the implementation 2 months ago of these measures, whilst our infection rates remain high, visible levels of cleanliness have improved suggesting that progress has been made.		
Water Management and Pseudomonas Action Plan	R	R	A report from was received from Estates & Facilities around a water management action plan which highlighted the many factors that potentially contribute to Pseudomonas and Legionella infections. The Committee was presented with good indication that the issues around mitigating our infection rates have been recognised and are being reviewed and managed through the Water Safety Group, which reports into infection control, and that an extraordinary meeting of that group had been called by the Chief Nurse to address the concerns. The estates aspect of the report will require additional sampling, cleaning and waste outlet replacements but the extent to which this will be required is still being determined, leaving some ambiguity as to how quickly improvements in infection rates will be achieved. It is recognised by the Committee that the combination of cleaning practice and proper use of medical equipment and disposal of such can become contributing factors that whilst dealing with Pseudomonas is a multi-disciplinary response, the Committee felt that urgent action had to be undertaken by Estates regarding potential causation through waterpipes and waste outlets and has requested a further report for the next meeting to confirm on the actions being taken immediately where positive results are found and how the estates programme will rollout for water outlets and piping.	Further report to be received at the next meeting	September 2023
Maternity IUD Case Reviews Report	A	A	A report was received on the cluster of unanticipated stillbirths. Whilst this is felt that all four cases were unlikely to have different outcomes, some learnings were achieved which have changed immediate practice around triage and processes in women presenting with multiple attendances. There has also been further consideration as to the impact of language barriers in one case and whether further improvements could be made to address any potential EDI differences in care received.		

Key Issue	Assurance Level		Committee Update	Next Action (s)	Timescale
	Risk	Actions			
Safe Staffing Monthly Report	Not Rated	Not Rated	Received the monthly safe staffing report which has not shown any significant changes.		
Board Assurance Report Q1 2023/24	Not Rated	Not Rated	The report reflected the new strategic risk approved by the Board for the Quality & Safety Committee and in its new format, which created discussion around nuances in interpretation of the risk scores and assurance mapping going forwards.		

Issues Referred to another Committee	
Topic	**Committee**

Board Committee Assurance Report

Committee	**Finance, Infrastructure & Digital Committee**
Meeting Date	29 August 2023
Committee Chair	Helen Spice
Link to Strategic Objective	Pillar 4 : Use of Resources
Link to Board Assurance Framework	BAF 4 S6 & S7
Improving Together Pillar Metrics	GWH Control Total / I&E
	Sustainability / Carbon Footprint
Improving Together Breakthrough Objective	Productivity

Items received by the committee for assurance:-

Items received by the Committee	Level of Assurance	Board Action Required? Yes ✓ or No x
1. BSW Finance	Receive	✓
2. Month 4 Finance	Limited Assurance	
3. Finance Risk Register	Receive	
4. CIP Programme	Limited Assurance	
5. Seasonal Plan	Receive	
6. Long Term Capital Requirements	Receive	
7. 2021/22 National Cost Collection Results	Receive	
8. WFP – Expansion Land Strategy Proposal	Approve	✓
9. EPR Programme	Limited Assurance	
10. Site Utility and Resilience	Adequate Assurance	
11. Radiology CT – Letter of Indemnity	Approve	
12. BAF Strategic Risks – review emerging risks	Approve	

POINTS OF ESCALATION	**Month 4 Finance Position/Efficiency Programme:** At month 4 the trust is in a £5.3m deficit position, representing a £3.9m variance to plan. This is mainly driven by industrial action (£1m), temporary staffing overspends (£1.7m) and efficiency (£1.1m). Although progress is being made on efficiency plans – the majority has now been identified, there is still a challenge in delivery of the plans. An internal Financial Recovery Board is being put in place to increase focus on delivery through Executive led workstreams and the Committee will continue to monitor closely. **Way Forward Programme – Expansion Land Strategy Proposal:** The Committee received and considered the proposal for GWH to adopt a commercial investment strategy for the development of specific components of the Trust's Expansion Land development plan. The Committee approved the next steps in the process recognising that we are not making any specific decisions at this stage but simply enabling the further consideration of this as an option.
KEY AREAS TO NOTE	**BSW Finance Protocol:** This has now been enacted but there are limited test cases. The trust is working on a 3 year plan with the rest of BSW to achieve a sustainable break even across the ICB – the Committee received an initial draft of the presentation and this will be considered further at the Board next week. **Seasonal plan:** This was brought to the Committee for information but is not yet finalised for approval. Although funding was included in the budget for this year as the trust is currently in a deficit position it will need to go through the BSW Recovery Board and will add to the adverse position if approved. Consideration will need to be taken by the Board in due course to balance the Quality and Safety issues and the required financing to ensure that the appropriate decisions are made for implementation.

BOARD ASSURANCE FRAMEWORK & RISKS	**Finance and Way Forward Programme Risks:** The Committee received the quarterly update of the Finance and Way Forward Programme Risk Register. There were no changes for Finance risks - the risk of the financial position deteriorating remains at 20.
CELEBRATING OUTSTANDING PRACTICE AND INNOVATION	**EPR:** The Committee were pleased to hear that the EPR business case was submitted NHSE on 10 August and we are already in dialogue with NHSE responding to questions that have been raised.
REFERRALS TO OTHER BOARD COMMITTEES	No items were noted for referral to other Board Committees.

Key to lead committee assurance ratings *Assurance provides 'confidence / evidence/certainty that "what needs to be happening is actually happening in practice - 'Do we really know what we think we know?'*	
	Substantial Assurance : There are clear actions and timescales. All actions are on track. There are no gaps in assurance
	Reasonable Assurance There Is evidence of good understanding of the matter or issue to be addressed; there are plans in place and these are being delivered against agreed timescales; those that are not yet delivered are well understood and it is clear what actions are being taken to control and manage.
	Partial Assurance : There is partial clarity on the matter to be addressed; some progress has been made but there remain a number of outstanding actions or progress against any plans so will not be delivered within agreed timescales; independent or external assurance shows areas of concern; there are increasing risks that are only partially controlled, mitigated or managed.
	No assurance The report cannot clearly articulate the matter or issue; something has arisen at the Committee for which there is little or no awareness and no action being taken to address the matter; there are a significant number of risks associated where it is not clear what is being done to control, manage or mitigate them; and the level of risk is increasing.

Board Committee Assurance Report

People & Culture Committee – August 2023			
Accountable Non-Executive Director	**Presented by**		**Meeting Date**
Paul Lewis	**Paul Lewis**		**31st August 2023**
Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?			

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Significant	**Green – there are no gaps in assurance / high level of confidence in delivery of existing mechanisms/objectives**
Full	**Blue – Delivered and fully embedded**

Key Issue	Assurance Level		Committee Update	Next Action (s)	Timescale
	Risk	Actions			
IPR – Staff Survey (Recommend Place To Work)	A	A	The Q2 Pulse Survey results show a marginal decrease in the percentage of staff who would recommend the Trust as a place to work (from 58% to 57%) but still a sustained improvement since the annual survey and Q4 results. The Divisional actions plans have been reviewed individually by the Committee and are being monitored at each meeting on rotation which has provided assurance that the right actions and owners are in place. The successful implementation of Divisional plans is now critical.	Review progress at the next meeting.	October 2023
IPR – Staff Survey (I am able to make improvements happen in my area of work)	A	A	The Q2 Pulse Survery results show a decrease in the percentage of staff who feel able to make improvements in their area of work from 57.20% to 52.55% and so the risk rating was changed from Green back to Amber. Divisional actions are in place and again, the key factor will be the quality of deliver of the plans.	Review progress at the next meeting.	October 2023

Key Issue	Assurance Level		Committee Update	Next Action (s)	Timescale
	Risk	Actions			
IPR – Voluntary Staff Turnover Rate	G	A	The Trust has seen a continued improvement since July 2022 and the rate for April 2023 has remained below the Trust KPI target of 11%. In recognition of tjhis, the risk rating has been changed from amber to green. Thr committee reviewed the deep dive into our staff turnover rates with leavers within the 1st year of employment, which was requested at the last meeting and supported the recommended actions, especially in relation to: - Clarity of responsibility between line managers and the HR Recuitment team, in particular with the scope for flexibile working arrangements following appointment - The quality of 'on-boarding' for new starters, led by their line manager - The quality of exit interviews to explore and address the high number of 'unknown' reasons for staff leaving the Trust We also discussed high priority/profile recruitment issues and agreed that our future meetings will include verbal updates for both Medical and Nursing positions so we have oversight and assurance about any specific areas of concern or emerging issues.	Review progress at the next meeting.	October 2023
IPR – EDI Disparity Ratio	A	A	The Trust ambition is to reduce the disparity between white staff and BAME colleagues from 13.5% to 8.3% in line with the national average. An action plan has been developed as part of the Workforce Disability Equality Standard Report (WRES) which was also presented at this meeting and this will be implemented along with the launch of several programmes ranging from work experience to the introduction of Cultural Ambassaors and Allyship.	Review progress at the next meeting.	October 2023

Divisional Staff Survey Plans - Medicine (formerly Unscheduled Care)	A	A	The Department presented their update which included a detailed action plan. There was positive feedback about the content and structure of the plans, but there were some questions raised about the how well the actions will be delivered and embedded to make the improvements needed, especially with the with 'Go & See' events to ensure they are effective and have the right impact in engaging and listening to staff.	Review progress at the next meeting.	October 2023
Health & Wellbeing Report	G	A	The latest 6 monthly assessment was presented to the Committee which outined further progress which has been made with Personal Health & Wellbeing, Relationships, Managers & Leaders, Environment and Professional Wellbeing Support compared to the previous report which is very encouraging. The action plan for further improvement is in place, but will be challenging over the coming months.	Review progress in another 6 months	February 2024
Leadership & Management Capabilty and Scope for Growth	A	A	Reports were presented to summarise the work being taken and plans to come for leadership & management development and succession planning. There has been much work undertaken to improve leadership & management capability in recent years and the papers presented outlined the next steps for building on this good work.	N/A	
EDI Maturity Audit	A	A	The Committee were presented with the latest update with progress towards completing the BDO Equality, Diversity and Inclusion (EDI) Maturity Assessment which is an independent assessment. The Trust scored level 3 (defined) for 3 elements of the report and level 4 (mature) for 2 elements. There is currently 1 outstanding action which will be completed in November 2023. There is still work to do to embed consistent EDI practice across the organisation and this assessment has helped to identify further actions needed to achieve this.	N/A	

Agency Reduction Spend	R	A	The overall target reduction target for 23/24 is £3m and whilst this has not been achieved, it was noted and recognised that we have already achieved a reduction of £1.2m reduction compared to the same period last year and there are plans and initiaives in place to further reduce agency spend over the coming months.	N/A	

Issues Referred to another Committee	
Topic	**Committee**
None	N/A

Great Western Hospitals NHS Foundation Trust

Board Committee Assurance Report

Mental Health Governance Committee

Accountable Non-Executive Director	Presented by	Meeting Date
Lizzie Abderrahim	**Lizzie Abderrahim**	**21 July 2023**

Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Yes	BAF Numbers	1.4a[1]

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Full	**Blue – delivered and fully embedded**

Key Issue	Assurance Level		Committee Update	Next Action (s)	Timescale
	Risk	Actions			
Use of the Mental Health Act [MHA] Q1			Risk continues to be rated as amber to reflect GWH's ability to fulfil its statutory functions is dependant on the performance of other agencies. In relation to actions there had been no breaches in the reporting period, the target for mandatory training continued to be met and compliance with Enhanced MHA Training had reached 95%. However, there had been a significant increase in s.136 admissions to ED and delays in out of hours assessment were continuing. The challenges and constraints resulting from police decision making and the impact this would have across the system were also noted and, whilst the issue was well sighted and was acknowledged by the police, there had not yet been any formal meetings to address the issue. Hence the change in the action rating from green to amber. **NOTE: The Annual Report on the use of the MHA during 2022/23 is attached.**		
Mental Capacity Act [MCA]: Q1 Update			Ratings remain consistent. The benefits of the upskilling programme continued to be seen through the audits that been undertaken but delivery of the programme was time intensive and it was agreed that the actions rating should remain at amber to reflect this and that implementation relied on a limited number of people.		

[1] Safeguarding / Mental Health / DOLS

Key Issue	Assurance Level		Committee Update	Next Action (s)	Timescale
Report on the use of Deprivation of Liberty Safeguards [DoLS]	Risk	Actions	It remained the case that the supervisory bodies lacked the capacity to complete the statutory assessments and a number of patients therefore continued to be cared for outside the legal framework. This continued to be monitored on the risk register. There had been a significant increase in number of applications attributable to an increased awareness resulting from MCA upskilling programme but numbers in Q1 were consistent with those in the previous quarter.		
Update on Development of Liberty Protection Safeguards [LPS]			Implementation was now delayed to 2025 and, as a result, regionally and locally a decision had been taken to refocus activity onto MCA practice. No assurance rating was therefore appropriate and the item would be removed as a standing item on the agenda with future reporting as and when necessary.		
Mental Health Governance Workplan Q1 Report			Progress against the plan was as expected although one issue in relation to the reduced substance misuse service being provided by Change, Grow Live and the actions being taken to address this were noted.		
15+ Risk Report			No 15+ risks reported. The committee had previously identified a need to review MH risks to ensure the risk register reflects a better understanding of what's happening across GWH but this was yet to be reported on and, without that review, it was agreed that the item should not be rated.		
Audit Reports			The committee was satisfied that there continued to be a robust approach to audit.		
Emergency Department [ED] / Mental Health Liaison Team [MHLT] Update			The ongoing challenge relating to the lack of acute mental health beds meant the risk rating continued to be red, with the risk of violence and aggression, the ongoing need for RMN provision, and delay in CAMHS assessments for paediatric patients all noted. These challenges were chronic but the committee was confident in the level of oversight and there was evidence that actions being taken to address the issues were effective. Of particular note were the arrangements made to address continuing need for the ED observation unit following the recent decant.		
Children's Services / Child and Adolescent Mental Health Service [CAMHS] Update			The national shortage of specialist Tier 4 beds persisted and CAMHS, because of their own workforce challenges, still had limited capacity to undertake assessments which impacted on bed capacity and flow. The established mitigations to address the issues arising from this continued as did the focus on collaborative work with positive working relationships established between CAMHS and Children's Services with an SLA now in place that sets out the respective roles and responsibilities.		

Report Title	**Use of the Mental Health Act (MHA) Annual Information 2022 - 2023**				
Meeting	**Trust Board**				
Date	**7 September 2023**	Part 1 (Public) [Added after submission]		Part 2 (Private) [Added after submission]	
Accountable Lead	Lisa Cheek, Chief Nurse				
Report Author	Wendy Johnson ADS Trust Lead for Mental Health				
Appendices	None				

Purpose							
Approve		**Receive**		**Note**		**Assurance**	**x**
To formally receive, discuss and approve any recommendations or a particular course of action		To discuss in depth, noting the implications for the Board/Committee or Trust without formally approving it		To inform the Board/Committee without in-depth discussion required		To assure the Board/Committee that effective systems of control are in place	

Assurance Level

Assurance in respect of: process/outcome/other (please detail):

Patients detained under the Mental Health Act to the Great Western Hospitals NHS Foundation Trust rights are protected under the Act and that the person is treated with dignity and respect.

Significant		**Acceptable**	**X**	**Partial**		**No Assurance**	
High level of confidence / evidence in delivery of existing mechanisms / objectives		General confidence / evidence in delivery of existing mechanisms / objectives		Some confidence / evidence in delivery of existing mechanisms / objectives		No confidence / evidence in delivery	

Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:

Report

Executive Summary – Key messages / issues of the report (inc. threats and opportunities / resource implications):

The report informs the Trust Board of the use of the Mental Health Act (MHA, 1983) April 2022 – March 2023

The use of MHA section powers were used 105 times in 2022 – 2023

Section 5(2) had the highest use over the reporting period (41 times), this remains consistent with previous reporting periods.

There were no legal breaches of the MHA and no appeals against detention for a Managers Hearing or appeal to the Mental Health Tribunal Service 2022 – 2023

Link to CQC Domain – select one or more	**Safe**	**Caring**	**Effective**	**Responsive**	**Well Led**
	x		X	x	X
Links to Strategic Pillars & Strategic Risks – select one or more	★				

Key Risks **1125**		**Risk Score**
	Patients with mental health conditions requiring treatment in specialist Mental Health in-patient services may not have their mental	

	needs fully met whilst at the acute Trust and awaiting transfer to the relevant specialist service due to the Trust being primarily an acute physical health care provider.	12
Consultation / Other Committee Review / Scrutiny / Public & Patient involvement	None	
Next Steps		

Equality, Diversity & Inclusion / Inequalities Analysis	Yes	No	N/A
Do any issues identified in the report affect any of the protected groups less / more favourably than any other?		x	
Does this report provide assurance to improve and promote equality, diversity, and inclusion / inequalities?	X		
Explanation of above analysis:			

Recommendation / Action Required The Board/Committee/Group is requested to:	
Accept the contents of the report	
Accountable Lead Signature	
Date	19th July 2023

Report title: Use of the Mental Health Act (MHA) report April 2022 – March 2023

1 Introduction

The report overviews the annual Mental Health Act activity at the Trust 2022 - 2023. The data in this report is taken from the central Mental Health Act database collated by Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) Mental Health Admin team and the GWH MHA Administrator. Training data is retrieved from ESR.

2 Use of the Mental Health Act (MHA) 2022 – 2023

Mental Health Act	Q1	Q2	Q3	Q4	Total
Section 5(2)	10	14	10	7	**41**
Section 2	3	3	2	1	**10**
Section 3	0	2	1	0	**3**
Section 17	9	12	2	1	**24**
Section 19	2	4	0	0	**6**
Section 23	3	3	1	1	**8**
Section 136	4	5	1	3	**13**
Appeal for Hospital Managers Hearing	0	0	0	0	**0**
Appeal to Mental Health Tribunal Hearing	0	0	0	0	**0**
Total use of the Act	**32**	**43**	**17**	**13**	**105**
Number of patients	**23**	**32**	**16**	**12**	**81**

Fig.1

2.1 Narrative

The use of MHA section powers were used 105 times in 2022 – 2023

Section 5(2) had the highest use over the reporting period (41 times), this remains consistent with previous reporting periods. Use of the MHA within the Trust is overseen by the Lead for Mental Health. Administration and Medical Scrutiny on use of the MHA is undertaken within the GWH and AWP SLA.

There were no legal breaches of the MHA and no appeals against detention for a Managers Hearing or appeal to the Mental Health Tribunal Service 2022 – 2023

2.2 Section 17 Granted Leave of Absence (attending GWH for medical assessment/treatment)

Q1	6 of the 9 uses of Section 17 at the Trust were for 2 inpatients on the Children's Unit on leave from Marlborough House CAMHS unit. Use of the Act relates to continued leave of absence on two occasions for one of these patients. This patient remains an inpatient at the time of writing this report. Admission date was 20 May 2022.
Q2	1 leave of absence relates to continued leave for one patient on the Children's ward whilst awaiting a tier 4 mental health bed. The patient was transferred to a mental health inpatient bed in Neath. 1 leave of absence was in relation to one patient that was originally on section 17 leave. Due to the complex medical needs of this patient, the detention was transferred to and accepted by the Trust 1 leave of absence relates to a long length of stay in a patient that was transferred to the Trust on the 1 September 2022 under the care of the Orthopaedic team due to the ongoing rehab treatment they required. The patient has become medically fit however, due to the mobility issues of the patient, the detaining mental health Trust are unable to receive this patient back into their care. The patient has not been engaging with the Trust therapy team, so the team are unable to provide a full therapy assessment to the Gloucester team. Ongoing discussions currently remain between the Trust therapy team and the detaining Mental Health service on agreeing a return of the patient back into the care of Gloucester mental health team.
Q3	1 leave of absence was a patient who attended ED, following assessment was discharged back to Sandalwood Court, AWP.
Q4	1 patient attended the Trust in Q4. This patient was on leave from Marlborough House Inpatient Unit to the Children's Unit at the Trust

2.3 Section 19 Authority transfer from one hospital to another under different managers

Q1	6 of the 9 uses of Section 17 at the Trust were for 2 inpatients on the Children's Unit on leave from Marlborough House CAMHS unit. Use of the Act relates to continued

	leave of absence on two occasions for one of these patients. This patient remains an inpatient at the time of writing this report. Admission date was 20 May 2022.
Q2	1 x patient transferred under Section 2 to mental health inpatient unit in Gloucester 1 x patient transferred under Section 2 to mental health inpatient unit in Swindon
Q3	1 x Patient transferred under Section 3 to Cotswold House 1 x Patient transferred to Long Fox unit
Q4	1 x Patient transferred to Green Lane Hospital under Section 2 of the Mental Health Act.

2.4 Section 136

The Wiltshire Police Mental Health Lead is providing Section 136 data to the GWH Mental Health Administrator on a quarterly basis. The data provided by the Wiltshire Police matches the data collated by GWH provided in this report.

Q1	On the 4 occasions of attendance to ED under Section 136, GWH was the first Health based Place of Safety (POS), this was due to a bed not being available at the POS for the patient, meaning, the patient and the Police Officers waited at ED, GWH until a bed was available to convey the patient to the POS, this included the use of the POS in Bristol as well as Bluebell POS in Devizes. On one occasion, ED observation ward had to close the rest of the bay as they were unable to use the bay for other patients due to the aggressive behaviour of the patient under the Section 136. Outcome of 2 of the cases was detention under the Mental Health Act, the other 2 cases (1 x patient) was referral to AWP for Community support, as a known service user to the Mental Health service.
Q2	All residence of place are Swindon apart from 2 cases which one was Calne and one unknown. 7 of the 8 attendances to ED has been recorded as no space at the Place of Safety. Police waited at the Emergency Department at the Trust prior to transferring to the person to the Place of Safety. Mental Health assessments were undertaken at the place of safety apart from the 1 case that ED attendance was not due to no space at the place of safety. Outcome of cases: 3 x cases - Referral to AWP team (not admitted) 1 x case - Informal Admission 1 x case - Section 2 MHA 3 x cases - Transfer to GP
Q3	The Trust was the first place of safety on one occasion during Q3 due to Bluebell Unit, Place of Safety having no capacity to take admissions. The Police arranged transfer to Bluebell Unit and the Mental Health Assessment was undertaken at the Bluebell Unit. Outcome was referral to AWP and person. The person was not admitted to a Mental Health bed.
Q4	N/A

Board Committee Assurance Report

Charitable Funds Committee – August 2023			
Accountable Non-Executive Director	**Presented by**		**Meeting Date**
Paul Lewis	**Paul Lews**		**10 August 2023**
Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	N/A		

The key headlines / issues and levels of assurance are set out below, and are graded as follows:

Assurance Level	Colour to use in 'Assurance level' column below
Not assured	**Red – there are significant gaps in assurance and we are not assured as to the adequacy of current action plans. If red, commentary is needed in "Next Actions" to indicate what will move the matter to "full assurance"**
Limited	**Amber – there are gaps in assurance but we are assured appropriate action plans are in place to address these**
Significant	**Green – there are no gaps in assurance / high level of confidence in delivery of existing mechanisms/objectives**
Full	**Blue – Delivered and fully embedded**

Key Issue	Assurance Level		Committee Update	Next Action (s)	Timescale
	Risk	Actions			
Fundraising	R	A	The Risk Assurance Level remains Red due to the continued risks and uncertainty with cost-of-living implications. We have actions in place and there are a series of events planned to support the delivery of this year's plan.	Review progress at the next meeting.	November 2023
Financial Position	A	G	The Finance position continues to be well controlled. We agreed the minimum balance level for the General Fund will be £57,000 going forward based upon the recent spend over recent months and we will review and agree our Investment Strategy at the meeting in November. The plans for Funds Rationalisation will be presented at the meeting in February 2024.	Review progress at the next meeting.	November 2023
Cases of Need	A	A	The Cases of Need process continues to work well. There are still areas for further improvement in particular with the prioritisation of needs and with the impact of the grants and this will be presented for agreement at the meeting in November.	Review progress at the next meeting.	November 2023

Charitable Funds	A	A	The Integrated & Community Care Division provided an update on their current position and spending plans for this year which provided assurance that needs and priorities have been reviewed (from a patient, environment, equipment and staff perspective) and there are clear plans in place to spend their funds wisely and appropriately.	Review progress at the next meeting.	November 2023

Issues Referred to another Committee	
Topic	**Committee**
None	

Report Title	**Workforce Disability Equality Standard (WDES)** **Workforce Race Equality Standard (WRES)**				
Meeting	**Trust Board**				
Date	**7 September 2023**	Part 1 (Public) [Added after submission]	**x**	Part 2 (Private) [Added after submission]	
Accountable Lead	**Claire Warner on behalf of Jude Gray – Chief People Officer, GWH**				
Report Author	**Sharon Woma, EDI Lead**				
Appendices	WRES Report, WDES Report				

Purpose							
Approve	**X**	**Receive**		**Note**		**Assurance**	
To formally receive, discuss and approve any recommendations or a particular course of action		To discuss in depth, noting the implications for the Board/Committee or Trust without formally approving it		To inform the Board/Committee without in-depth discussion required		To assure the Board/Committee that effective systems of control are in place	

Assurance Level Assurance in respect of: process/outcome/other (please detail):							
Significant		**Acceptable**	**X**	**Partial**		**No Assurance**	
High level of confidence / evidence in delivery of existing mechanisms / objectives		General confidence / evidence in delivery of existing mechanisms / objectives		Some confidence / evidence in delivery of existing mechanisms / objectives		No confidence / evidence in delivery	
Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:							
N/A							

GWH is committed to being an inclusive employer by creating an environment where its staff feel valued and respected and are able to thrive in the workplace. The Trust applies the principles that underpin the NHS Constitution which include creating an environment where everyone felt valued and treated with respect and dignity; and where staff and patients are treated with compassion and staff can contribute towards the success of the Trust. We complete two equality, diversity and inclusion (EDI) related frameworks that help us to measure our performance in relation to the experience of Disabled staff and ethnic minority staff in comparison to Non-disabled and White staff. The two reports are:

- Workforce Disability Equality Standard (WDES)
  The Workforce Disability Equality Standard (WDES) is a benchmarking framework that enables NHS organisations to compare the workplace and career experiences of disabled and non-disabled staff. The WDES highlights differential experience in areas like equal opportunities, bullying and harassment and the provision of reasonable adjustments.

- Workforce Race Equality Standard (WRES)
  Similarly, the WRES is a benchmarking framework that helps NHS organisations to ensure that employees from ethnic minority backgrounds have equal access to career opportunities; ensure they receive fair treatment in the workplace and drives progress towards eliminating discrimination.

By completing the WDES and WRES each year, the Trust is able to demonstrate how it meets its Public Sector Equality Duty (Equality Act 2010) and assess if its equality initiatives and actions are having an impact on staff experience and perception.

This year national reporting has included bank only WRES and Medical only WRES data which has been included in this report, however publication is currently not mandated.

A report summary can be found below and the full report attached.

Link to CQC Domain – select one or more	**Safe**	**Caring**	**Effective**	**Responsive**	**Well Led**
Links to Strategic Pillars & Strategic Risks – select one or more	★				
	X		**X**	**X**	**X**
Key Risks – risk number & description (Link to BAF / Risk Register)					**Risk Score**
	N/A				N/A
Consultation / Other Committee Review / Scrutiny / Public & Patient involvement	• Circulated to Trust Management Committee for comments.				
Next Steps	Presentation at: • Trust Board (approval for publication by 31.10.23)				

Equality, Diversity & Inclusion / Inequalities Analysis	Yes	No	N/A
Do any issues identified in the report affect any of the protected groups less / more favourably than any other?	**X**		
Does this report provide assurance to improve and promote equality, diversity and inclusion / inequalities?	**X**		

- WRES: Workforce Race Equality Standard),
- BWRES: Bank Workforce Race Equality Standard (included in the WRES)
- MWRES: Medical Workforce Race Equality Standard (included in the WRES)
- WDES: Workforce Disability Equality Standard

These reports are designed to identify where one group (BME and Disability) are treated less favourably than white and non-disabled staff. The papers included in this report highlight the disparity between staff groups and any progress made to close the gap.

The report identifies actions taken over the last 12 months to improve inclusion and there has been some much-appreciated initiatives including reciprocal mentoring, tailored BME leadership programmes, improvement in the recruitment process, and improvements that have led to Disability Confident Leader status including the introduction of health passports.

The report finally identifies several actions and interventions to reduce the gap and improve inclusion. Transformational change will occur when:

- We listen to our BME and disabled staff (to compliment what we learn from the data) and translate what we hear into a comprehensive action plan that is adequately resourced and
- When EDI and the accountability for its success is embedded across the Trust.

Recommendation / Action Required The Board/Committee/Group is requested to:	
▪ **The Committee to approve the report.**	
Accountable Lead Signature	Claire Warner Deputy Chief People Officer
ate	22 August 2023

NHS
Great Western Hospitals
NHS Foundation Trust

Equality, Diversity
& Inclusion

Workforce Disability Equality Standard (WDES)

2023

Introduction by Sharon Woma

Equality, Diversity and Inclusion Lead

It is an honour to present this year's Workforce Disability Equality Standard (WDES) report. I was delighted to find that there are a number of initiatives underway that will have a positive impact on the working life experience of our workforce.

Last year's action plan, in response to the data at the time, included initiatives that would focus on the disparities linked to recruitment and retention, harassment, bullying and abuse and discrimination. This included working with partners across the system to jointly review our recruitment pages, engaging with different communities to reach candidates that might not typically apply for NHS roles and developing recruiting manager training to reduce bias in the recruitment process. I am proud to announce that the Trust has achieved its disability confident employer award this year, this is the highest level of accreditation and a recognition that the Trust is increasing and challenging attitudes toward disability, removing barrier and providing opportunities for disabled people to realise their potential

Assessing our performance is an important part of this work and the WDES framework enables us to measure progress (see below and page 3) that builds a picture of the impact our initiatives are having and helps us to identify new opportunities in what is an 'ever changing' cultural landscape.

- Percentage of staff who experienced bullying and harassment from managers improved ↑ 1.7%, from 16.9% to 15.2% (national avg. 17.1%)
- Percentage of staff who felt the Trust has provided reasonable adjustments improved ↑ 1.8% 70.5% to 72.3% (national avg. 71.8%)
- Increased the number of disabled staff in the organisation from ↑ 2.42% to 2.98%
- Percentage of staff who experienced bullying and harassment from colleagues worsened ↓ 1.3% from 27.5% to 28.8% (national avg. 26.9%)
- Percentage of staff who felt the Trust valued their work worsened ↓ 3.3% from 31.3% to 28% (national avg. 32.5%)

Progress is slow because change takes time, however, we remain committed to creating an environment where all our staff feel included and empowered and are able to contribute towards the success of the Trust, and this includes looking after our staff's welfare.

The Trust now has an opportunity to refocus its attention and work much closer with staff to identify what matters to them so that we can tailor our EDI offer. As I said, change takes time, but we also want to capitalise on some quick wins and there will be some exciting initiatives in-year that will help us to mobilise staff across the Trust who want to make a difference in our efforts to improve Equality Diversity and Inclusion.

As an Integrated Care System, BSW Together EDI Leads work together to address workforce and patient disparities. Over the past year collectively on implementing methods that improve inclusive employment and work experience opportunities targeting under-represented communities; reviewed and benchmarked workforce data such as WRES and WDES across the system with corresponding collaborative sharing of best practice and recovery plans and we jointly delivered support for staff networks.

Over the coming year, the system EDI group will work together to strengthen our staff networks; develop shared resources to deliver EDI-related staff training; and collaborate to improve the recruitment processes. I have recently accepted the role of co-chair of this group, working closely with this group will mean that I have regional influence and will be able to share best practice externally, as well as bring best practice into the Trust; increasing collaboration, when possible, will also mean that we can use our limited resources more effectively. Nationally, NHS England have recently launched the NHS Equality Diversity & Inclusion Improvement Plan, the plan, which sets out six high impact actions has been welcomed by the Trust. The Trust's EDI action plan which includes WRES actions, will be informed by the national plan.

I am proud of the work of our Differently Abled Staff Network, which is led by strong chairs and their voice and influence is instrumental to this work, the network has worked with the Trust to improve accessibility for both patients and staff.

Not all our staff declare they have a disability, and this can sometimes mean that we are not allocating the right amount of resources for them or they are potentially not being supported. We will continue to promote the importance of sharing this information in 2023/24 and to raise awareness about the issues faced by disabled staff and patients.

If you would like to find out how you can support the Trust to improve disability inclusion please get in touch.

Sharon Woma
Equality Diversity & Inclusion Lead

Equality, diversity, and inclusion improvement plan – NHS England

NHS England has recently launched an improvement plan which will be adopted nationally, this plan heralds a more consistent approach to tackling inequalities in our workforce. The Trust is committed to implementing the plan and we will indicate where our 2023/24 action plan responds to the High Impact Actions highlighted opposite.

The aim of this plan is to improve equality, diversity and inclusion, and to enhance the sense of belonging for NHS staff to improve their experience. The high impact actions are intended to be intersectional, this recognises that people have complex and multiple identities, and that multiple forms of inequality or disadvantage sometimes combine to create obstacles that cannot be addressed through the lens of a single characteristic in isolation.

The NHS EDI Improvement Plan will also provide greater opportunities to collaborate at system and regional level. The Trust is building a profile as 'change agents' and we have recently become hosts to a national network of EDI practitioners who are keen to transform inclusion work. We will work more closely with regulators and partner organisations to identify and implement best practice; and work with our staff with lived experience and wider workforce to make 'Inclusion' everyone's business.

The following action plan is referenced throughout the document:

1	Chief executives, chairs and board members must have specific and measurable EDI objectives to which they will be individually and collectively accountable.
2	Embed fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity.
3	Develop and implement an improvement plan to eliminate pay gaps.
4	Develop and implement an improvement plan to address health inequalities within the workforce.
5	Implement a comprehensive induction, onboarding and development programme for internationally-recruited staff.
6	Create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur.

What is the Workforce Disability Equality Standard (WDES)

The NHS Workforce Disability Equality Standard (WDES) helps NHS commissioners and NHS healthcare providers (including independent organisations) achieve workplace parity between their disabled (see Equality Act definition below) and non-disabled staff. It aims to achieve this by reviewing data against a number of key performance indicators, and obliges organisations to produce action plans to close identified gaps in career and workplace experiences. The 10 WDES indicators are:

1	Percentage of staff in each of the AfC Bands 1-9 and VSM
2	Relative likelihood of staff being appointed from shortlisting across all posts
3	Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal capability investigation
4	a) Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse b) Percentage of staff who reported bullying and harassment
5	Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion
6	Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties
7	Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work
8	Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work
9	a) The staff engagement score for Disabled staff, compared to non-disabled staff and the overall engagement score for the organisation b) Has your Trust taken action to facilitate the voices of Disabled staff in your organisation to be heard?
10	Percentage difference between the organisation's Board voting membership and its organisation's overall workforce

A WDES return is completed annually. As well as requiring comparative information on workforce indicators for disabled and non-disabled staff, it also compares national NHS Staff Survey data for these groups. Progress is measured against the WDES indicators, and we compare our present position with results from previous years.

Aims of this report are to:

- Compare the workplace and career experiences of our Disabled and Non-Disabled staff using data drawn from our Electronic Staff Records as at 31.03.2023 and NHS Staff Survey results in 2022
- Highlight key findings in the data
- Provide a detailed analysis of the metrics data at Trust level and this is benchmarked against organisations of a similar size
- Provide a year-on-year comparison with available results from earlier years
- Highlight some of the work the Trust and Differently Abled Staff Network (our staff network for disabled staff) have done during the year to support disability inclusion and improve accessibility
- Raise awareness of disability equality within the NHS workforce and outline some of the challenges that Disabled staff collectively experience at work.

The Equality Act 2010 defines disability as: A physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities.

Summary of WDES indicator scores

Our findings in the remainder of the report indicate that we maintained our performance with small improvements in reducing bullying and harassment from managers and staff felt reasonable adjustment were made. However there is room for improvement and when viewed against our benchmark (scores of Trusts of a similar size), we have scored worse in a few areas including bullying and harassment from patients and colleagues, disabled staff sense of feeling valued by the Trust and making workplace adjustments, but better than the benchmark average for career progression.

There has been an improvement in two metrics – representation (number of disabled staff in the workforce) and the Trust making adequate adjustments for staff to do their work (albeit lower than the national average). There has been a small decline in three metrics including 'appointment from shortlisting', 'percentage of staff who feel the Trust provides equal opportunities' and percentage of staff who felt pressure to come to work despite not feeling well enough to do so.

The largest deterioration was in staff who feel satisfied with the extent to which the Trust values their work, which fell by 3.3 percentage points from 31.3 to 28%. Relative likelihood of entering formal a capability process also increased from 0 to 3.63 however the data was skewed by non-disclosures, only one disabled member of staff entered a capability period (compared to seven non-disabled staff and one unknown) in a two year period. Disabled staff are over-represented in Bands 1-5 (68.5%) and under-represented in senior roles, Band 8A and above (4.14%), and there are no recorded board members with a disability.

The Trust has undertaken over the past twelve months, including the improvements made that qualified the Trust for the Disability Confident Employer Leader status. We have taken steps to improve recruitment process to attract more job applicants from diverse backgrounds, including providing disability awareness mandatory training and enhancing our recruiting manager training to help them to make adequate/reasonable adjustments. We have a disabled staff network, the Differently Able Network who are instrumental in driving organisational change and raising awareness and all networks represent the voice of staff at the Equality Diversity and Inclusion strategic group meeting (EDI Group).

Much of our efforts over the past year has focussed on inclusive recruitment, and the focus must now shift to addressing some of the enduring challenges highlighted above which are faced by existing staff.

In addition, we cannot be wholly confident about our findings due to the disparity in number between our staff who self-declare a disability on our recording system, and our staff who declare a disability via the NHS Staff Survey.

We have developed an action plan that builds on work we have done in previous years and this responds to the areas where we currently need to improve and where relevant to the High Impact Actions set out by NHS England. We will also continue to engage with Equality, Diversity and Inclusion (EDI) leads and staff networks across the Bath, Swindon and Wiltshire Integrated Care System, to share best practice and resources and to build a shared action plan. The range of issues are consistent across our organisations (although key steps to achieve the actions and completion dates may differ). Finally, we will continue to work with our network for disabled staff who act as an important source of advice, support and awareness-raising for staff in the Trust and partner with them to understand the lived experience behind the data in this report.

The following tables overleaf provide a five year trend of all the metrics.

The data below has been collected since 2019. The data is based either as a snapshot 'as at' 31 March (in each year, for metrics 1 and 10), the year running to 31 March (for metrics 2 and 9b) or the average (mean) of the two years to 31 March (for metric 3).

Note: the staff survey was used in part to inform this report indicates that we have more disabled staff, than is recorded in our electronic record system which also is referenced in this report. 713 staff (22.6%) who completed the staff survey declared they had a disability or long term health condition, compared to 169 staff (2.98%) who have declared a disability via ESR.

RAG rating 2022 to 2023 comparison:

- Improvement for staff (green) / Similar findings (amber) / Deterioration for staff (red)

WDES metric based on NHS Staff Survey data (part 1)		Year					
Metric	**Description**	**2018/19**	**2019/20**	**2020/21**	**2021/22**	**2022/23**	**Direction of Travel 2022 - 2023**
1	Percentage of Disabled Staff	1.35%	1.40%	1.51%	2.42%	2.98%	↑
2	Relative likelihood of non-disabled staff applicants being appointed from shortlisting across all posts compared to Disabled staff	1.66	1.52	1.12	0.98	1.44	↓
3	Relative likelihood of Disabled staff entering the formal capability process (performance management rather than ill health) compared to non-disabled staff	2.62	2.83	0.00	0.00	3.63 Skewed by non-disclosure	↓
10	No of Disabled voting board members	0.00	0.00	0.00	0.00	0.00	↔

WDES Metric based on NHS Staff Survey data (part 2)			Year					
Metric	Description	Disability Status (Y/N)	2018-19 %	2019-20 %	2020-21 %	2021-22 %	2022-23 %	Direction of Travel 2022 to 2023
4	Percentage of staff experiencing harassment, bullying or abuse in the last 12 months (average of all categories)	Yes	29.5	25.0	22.2	27.4	27.0	↔
		No	17.1	16.6	17.8	20.5	18.4	↑
5	Percentage of staff believing that Trust provides equal opportunities for career progression or promotion	Yes	46.2	52.7	50.0	55.3	54.0	↓
		No	55.1	61.6	58.4	56.2	57.3	↑
6	Percentage of staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties	Yes	37.9	27.4	32.7	29.4	30.7	↓
		No	23.2	18.4	23.0	23.9	21.2	↑
7	Percentage of staff saying that they are satisfied with the extent to which their organisation values their work	Yes	28.7	30.8	41.8	31.3	28.0	↓
		No	44.8	43.4	46.2	38.2	40.1	↑
8	Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work	Yes	75.0	82.4	81.4	70.5	72.3	↑
9a	Staff engagement score (a composite of nine questions)	Yes	6.4	6.6	6.7	6.3	6.3	↔
		No	7.0	7.0	7.0	6.7	6.8	↔

The national and regional picture 2021

Southwest = Regional data for 2022 – 2023

GWH = Data for 2022 – 2023

2021 data shows an increase of 0.3 percentage points to **3.7%** of the total workforce. 59% of Trusts have five or fewer disabled staff in bands 8c and above, including medical staff.	Non-disabled applicants were **1.11** times more likely to be appointed from shortlisting compared to Disabled applicants; this is lower than 2020, when the ratio was 1.20 and 1.18 in 2019.	Disabled staff were **1.94** times more likely to enter the formal capability process as their non-disabled colleagues. By capability, we mean capability on the basis of performance, not ill-health.
Southwest: 4%	Southwest: 1.12	Southwest: 2.21
GWH: 2.98%	GWH: 1.44	GWH: 3.63

25.3% of disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse in the last 12 months. Average of all metrics (from patients, line managers and staff).	**78.4%** of disabled staff believed that they had equal opportunities for career progression or promotion. This is 6.6 percentage points lower than the figure for non-disabled staff.
Southwest: 21.11%	Southwest: 52.4%
GWH: 27%	GWH: 54%

Notes:

There are no disabled board members according to the Trust records.

This information is compared with the national data of 2020/21, the most up-to-date available data.

Southwest = Regional data for 2022 – 2023

GWH = Data for 2022 – 2023

31.1% of disabled staff say that they have felt pressure from their manager to come to work, despite not feeling well enough. There was an increase of presenteeism for both disabled and non-disabled staff in 2020.	**39.4%** of disabled staff say that they are satisfied with the extent to which their organisation values their work. Compared to half of Non-disabled staff.	**76.6%** of disabled staff said that their employer has made adequate adjustment(s) to enable them to carry out their work.
Southwest: 27.10%	Southwest: 35.1%	Southwest: 75.1%
GWH: 30.7%	GWH: 28%	GWH: 72.3%

Disabled staff continue to feel less engaged than non-disabled staff. The engagement score for disabled staff was **6.68**, compared to 7.15 for non-disabled staff.	Overall, **3.7%** of board members have declared a disability, the same figure as the overall workforce.
Southwest: 6.5	Southwest: 3.1%
GWH: 6.3	GWH: 0%

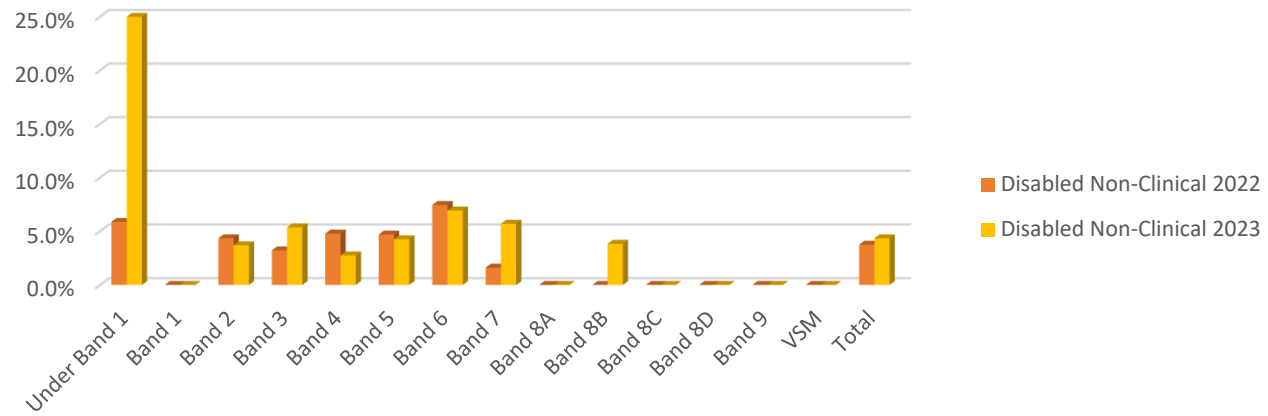
Notes:

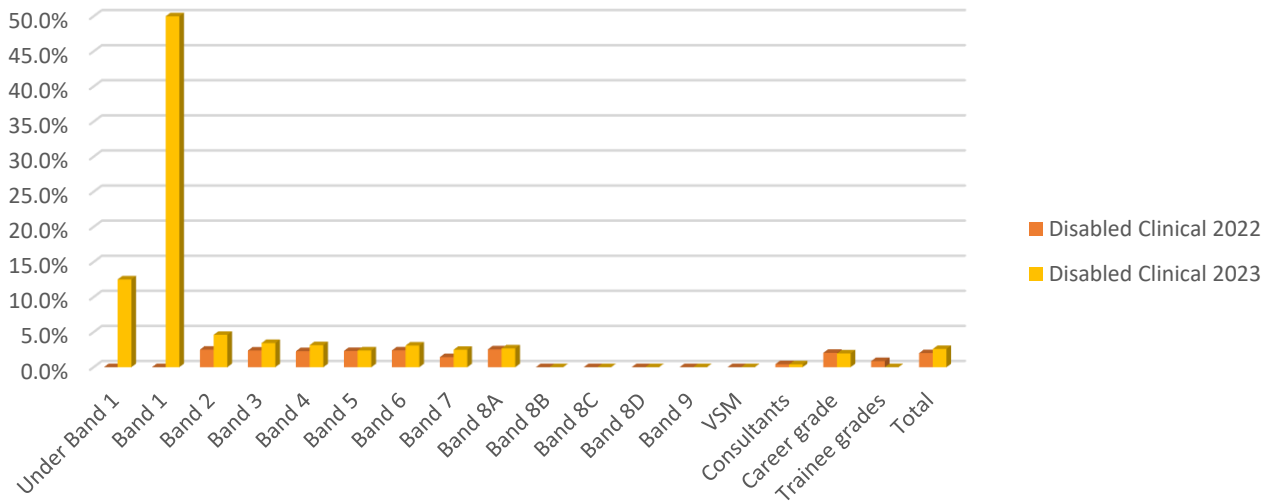
There are no disabled board members according to the Trust records.

This information is compared with the national data of 2020/21, the most up-to-date available data.

Indicator 1: Workforce representation

The following graphs show the changing proportions of Disabled staff in movement between pay bands over the last 2 years, for clinical and non clinical staff.





Key points:

- Changes in WDES statistics appear more marked, given the small numbers of disabled staff at each Banding.
- Band 1 Clinical staff increased from zero to one member of staff and Non-clinical Band 1 staff increased from one to two members of staff
- Non-clinical Band 7 has increased from one staff (1.6%) to four staff (5.7%)
- The greatest reduction was in 2 percentage points, Non-clinical Band 4 roles reduced from 7 staff (4.8) to 4 staff (2.8%)

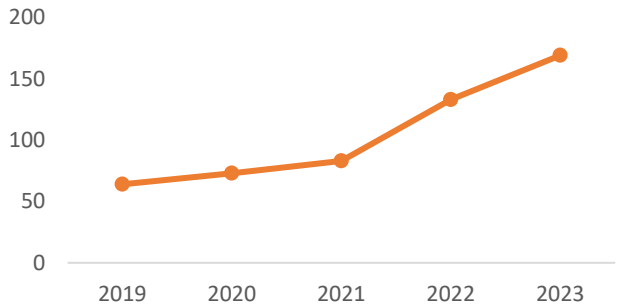
Workforce representation 2019-2023

169 (2.98%) staff have recorded a disability on their NHS Electronic Staff Record (ESR) as at 31 March 2023, an increase of 36 since 2021/22 and our records indicate there were 4300 (75.77%) non-disabled staff as at 31 March 2023. The trend remains positive and the number of Disabled staff has increased incrementally over the past five years (see graph). Our data confirms there has been an increase in applications from disabled people, this will be influenced by an increase in people feeling more confident about self-disclosure at the interview stage and our recruitment efforts to promote jobs to different communities to attract a more diverse candidate pool.

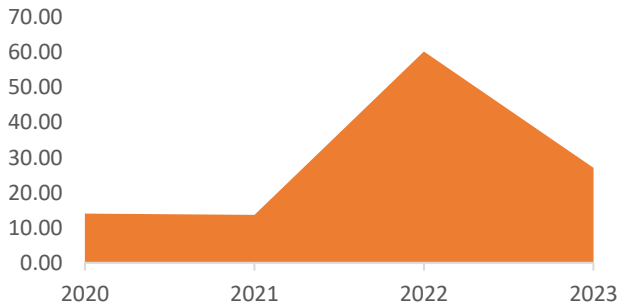
The Trust is committed to increasing representation at all levels of the organisation, continuing to improve the recruitment process will support this, particularly addressing any shortlisting to appointment disparities.

						Percentage of total workforce		
Year	Disabled Staff	Growth since previous year	Non-disabled staff	Unknown status	Total	% Disabled	% Non-disabled	% Unknown
2019	64		3298	1366	4728	1.35%	69.75%	28.89%
2020	73	↑ 14.06%	3720	1418	5211	1.4%	71.39%	27.21%
2021	83	↑ 13.7%	3999	1421	5503	1.51%	72.67%	25.82%
2022	133	↑ 60.24%	4133	1239	5505	2.42%	75.08%	22.51%
2023	169	↑ 27.07%	4300	1206	5675	2.98%	75.77%	21.25%

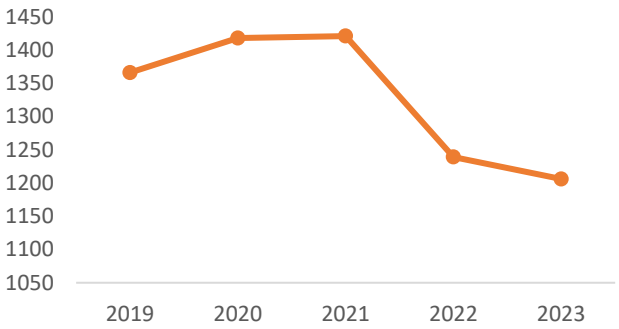
No. of disabled staff



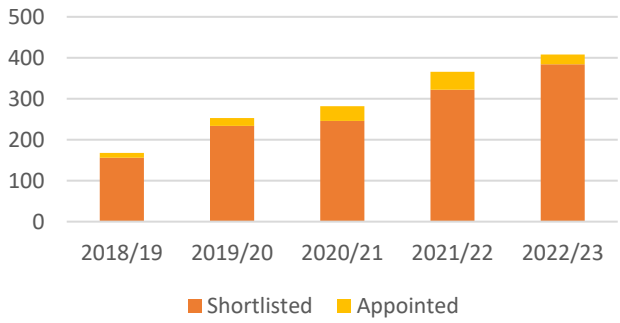
Growth since previous year



No. of staff where status is unknown



Shortlisting to appointment



0.56% Increase in percentage of disabled staff in total workforce, 2.42% to 2.98%

116 Disabled staff are employed in clinical roles and 53 in non-clinical roles.

There is one disabled member of staff in Band 8A above in a non-clinical role, 3 in clinical roles and 3 in medical roles including one consultant.

68% of Disabled staff are below Band 5.

The table overleaf highlights that disabled staff are over-represented in Bands 1 to 5, and under-represented in Bands 8a and above, compared to non-disabled staff.

Reducing the number of staff who have not disclosed their status (unknown) would help to build a more accurate picture.

Percentage of disabled staff in each of the Agenda for Change (AfC) bands 1 – 9, VSM (including executive board members), medical/dental and other staff, compared with the percentage of non-disabled staff in these categories:

2023	Non-Clinical						Clinical, Medical & Dental					
	Disabled	Non-Disabled	Not Known	Total	Disabled %	Non-Disabled %	Disabled	Non-Disabled	Not Known	Total	Disabled %	Non-Disabled %
Under Band 1	2	4	2	8	25.0%	50.0%	1	7	0	8	12.5%	87.5%
Band 1	0	1	0	1	0.0%	100.0%	1	1	0	2	50.0%	50.0%
Band 2	13	279	60	352	3.7%	79.3%	10	162	45	217	4.6%	74.7%
Band 3	20	289	63	372	5.4%	77.7%	29	657	156	842	3.4%	78.0%
Band 4	4	99	42	145	2.8%	68.3%	8	147	100	255	3.1%	57.6%
Band 5	4	75	15	94	4.3%	79.8%	23	722	218	963	2.4%	75.0%
Band 6	5	52	15	72	6.9%	72.2%	27	661	188	876	3.1%	75.5%
Band 7	4	55	11	70	5.7%	78.6%	11	322	111	444	2.5%	72.5%
Band 8A	0	36	10	46	0.0%	78.3%	3	86	23	112	2.7%	76.8%
Band 8B	1	25	0	26	3.8%	96.2%	0	17	8	25	0.0%	68.0%
Band 8C	0	10	5	15	0.0%	66.7%	0	7	0	7	0.0%	100.0%
Band 8D	0	4	1	5	0.0%	80.0%	0	10	0	10	0.0%	100.0%
Band 9	0	7	0	7	0.0%	100.0%	0	2	0	2	0.0%	100.0%
VSM	0	6	0	6	0.0%	100.0%	0	1	0	1	0.0%	100.0%
Consultant							1	200	47	248	0.4%	80.6%
Non-consultants Career Grade							2	82	18	102	2.0%	80.4%
Trainee Grades							0	274	68	342	0.0%	80.1%
Other												
Total	53	942	224	1219			116	3358	982	4456		

Representation in Lower- Upper Banding	Disabled	Non-Disabled	Unknown
Lower Bands (1-5)	68.05%	56.81%	58.13%
Middle Bands (6-7)	27.81%	25.35%	26.95%
Upper Bands (8a and above)	4.14%	17.84%	14.93%

4 Our role as an Anchor Institution

The impact the NHS has on people's health extends well beyond its role as a provider of treatment and care. As large employers, purchasers, and capital asset holders, health care organisations are well positioned to use their spending power and resources to address the adverse social, economic and environmental factors that widen inequalities and contribute to poor health.

We have worked with local partners in a number of ways to address the social determinants of health, here are just a few examples:

Harbour Project

Providing volunteering opportunities for refugees. We recently welcomed 15 members of the Harbour Project as hospital volunteers. The Harbour Project in Swindon, which supports people seeking asylum or who have recently been granted refugee status in Swindon. The Harbour Project provides opportunities for those who cannot currently gain employment to do something fulfilling with their time and grow in confidence.

Project Search

Nine students with disabilities will join the Trust in September 2023, where they will gain valuable skills and experiences to help prepare them for employment. Project search is run by New College Swindon and the Trust is hosting the students.

Promoting apprenticeship opportunities

We are working closely with five secondary schools in more deprived areas of Swindon to promote careers and apprenticeship opportunities.

Read more about the NHS's role as an anchor institution here.

Building healthier communities through employment, partnerships, procurement and commissioning, reducing our carbon footprint.

2 Indicator 2: Recruitment

Non-disabled candidates are relatively 1.44x more likely to be appointed from shortlisting. During the year 384 disabled candidates were shortlisted following a job application, and 24 (6%) were appointed. During the same period 5018 non-disabled candidates were shortlisted and 452 (9%) appointed.

255 candidates who applied for roles did not declare their status, 78 people (30.6%) from this group were appointed. Reducing the level of non-disclosure will help the Trust to build an more accurate profile of our job applicants and better provide for their needs. The Trust will continue to encourage applicants to provide this information.

Relative likelihood of non-disabled staff compared to disabled staff being appointed from shortlisting across all posts

If disabled candidates were equally as likely to be appointed from shortlisting as non-disabled candidates, then the figure would be 1.

Year	Relative Likelihood
2018/19	1.66
2019/20	1.52
2020/21	1.13
2021/22	0.98
2022/23	1.44

National average for 2020/21 (latest figures) was 1.11.

The reader is advised to note the small sample size of disabled candidates, when making any statistical comparisons between both groups.

The Trust has taken steps to diversify where we advertise jobs and standardised adverts to ensure applicants from under-represented groups feel welcomed and we have also introduced training for recruiting managers to address bias in the interview room.

What action are we taking

The Trust will continue to promote the need to share demographic information with candidates and existing staff. We will also continue to work at a wider system level to address issues with recruitment and implement the national NHS equality, diversity, and inclusion improvement plan – High Impact Action 2: Embed fair and inclusive recruitment processes and talent management strategies.

4 We are a Disability Confident Employer

The Disability Confident Employer scheme encourages employers to think differently about disability and take action to improve how we recruit, retain and develop disabled people.

The Trust is a Disability Confident Employer and we are delighted to announce that we achieved Level 3: Leader Status in May 2023. As a Disability Confident Leader, our organisation is now recognised for the work we do to ensure disabled people have the opportunities to fulfil their potential and realise their aspirations.

We do this via a number of ways including supporting work experience via Project Search, apprenticeships and using the guaranteed interview scheme to support those wanting to join the Trust. Alongside this we ensure all staff complete relevant disability awareness mandatory training, as well as managers receiving enhanced recruitment and selection training to better prepared on interviewing candidates who might require reasonable adjustments, this is facilitated alongside unconscious bias training.

We will continue to improve our recruitment processes and engage with our staff to understand more about their recruitment experience. The Trust will relaunch its new starter survey to support this work.

We know that people do not declare their disability for a number of reasons, however, we will continue to promote the importance of disclosure and provide information to staff so that they are able to update their Electronic Staff Record and we will partner with the Differently Able Staff Network to engage with the Trust to understand the lived experience behind the data.

4 Indicator 3: Capability

The 2022/23 relative likelihood is 3.63, indicating disabled staff are more than three times as likely to enter the capability process as their non-disabled colleagues. By capability, we mean capability on the basis of performance, not ill health. This metric is based on data from a two-year rolling average of the current year and the previous year (April 2021 to March 2022 and April 2022 to March 2023).

The relative likelihood has increased since last year, previously the likelihood was 'zero' for a period of two years. Although this year's figure is the highest it has been since we started capturing the data, there was one disabled member of staff (compared to eight unknown or non-disabled staff) who entered the capability process in the current two year period (an average 0.5). The low number of disabled staff (due to non-disclosure) is compounding the figure.

A figure above 1 indicates that disabled staff are more likely than non-disabled staff to enter the formal capability process.

National average 2020/21 1.94.

Year	Relative Likelihood
2018/19	2.62
2019/20	2.83
2020/21	0
2021/22	0
2022/23	3.63

Despite the relative likelihood increasing since we last reported, this is not indicative of a significant increase in staff entering a formal capability process, one disabled member of staff entered a process over the two year period under review. However, the Trust is keen to ensure that there are no unnecessary measures for staff.

What action are we taking

The Trust is embedding a Restorative Just Learning Culture approach, which moves away from a punitive culture towards restoration and organisational learning; the Trust will also appoint Cultural Ambassadors who will sit on performance-related panels to ensure bias is avoided and support inclusive behaviour, a small group of staff are currently undergoing training.

Indicator 4: Harassment, bullying or abuse from patients, relatives & public

Great Western Hospitals NHS Foundation Trust

37% of disabled staff have reported that they have experienced harassment, bullying or abuse from a patient, their relative or a member of the public. This is above the Trust's benchmark average for Disabled staff of 33%. There has been a slight decrease since last year's reported figure of 37%.

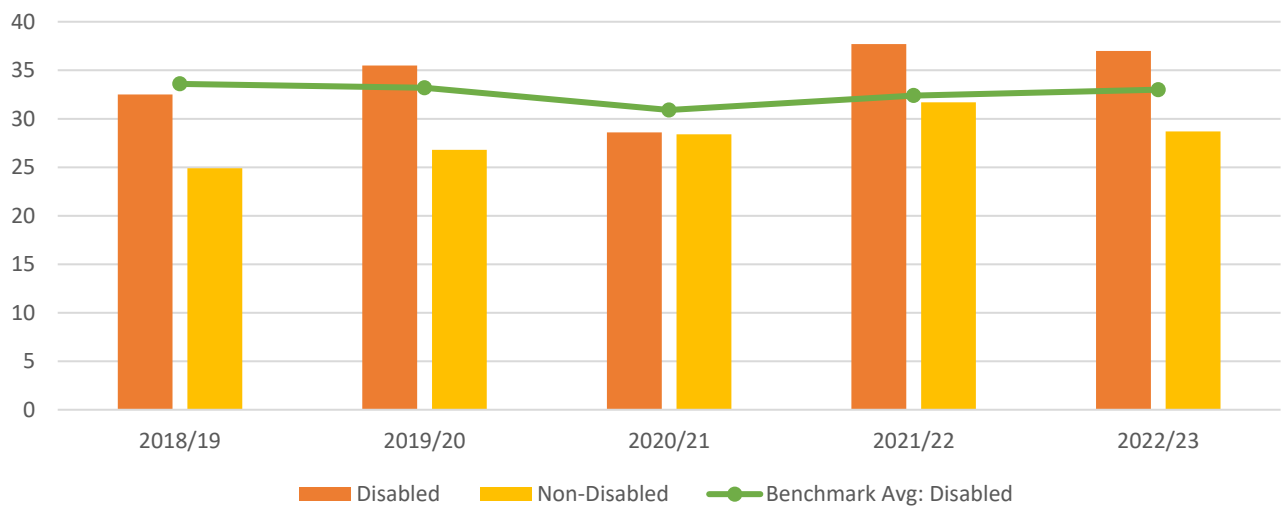
In contrast, 28.7% of Non-Disabled staff have reported this experience, which is slightly above the benchmark average for Non-Disabled staff of 26.2%.

The Trust has a bullying and harassment policy and will continue to promote this and provide advice and guidance for staff and managers who are patient facing. The Trust's EDI Lead, EDI Lead Nurse and Security Management Specialist meet quarterly to monitor any reported data and take action as necessary, including providing advice and guidance to staff.

The Trust will promote resources to help staff understand routes to support including line managers, mental health first aiders, Freedom to Speak Up Guardians, Staff Networks, EDI Lead and trade union representatives and utilisation of the Trust's reporting system (Datix).

NHS National Average (2020): Disabled staff 31.9%, Non-Disabled staff 25.5%

Percentage of disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse in the last 12 months



Indicator 4: Harassment, bullying or abuse from line managers

15.2% of Disabled staff have reported that they have experienced harassment, bullying or abuse from their line manager. This is below the Trust's benchmark average for Disabled staff of 17.1%. There has been a slight decrease since last year's reported figure of 16.9%.

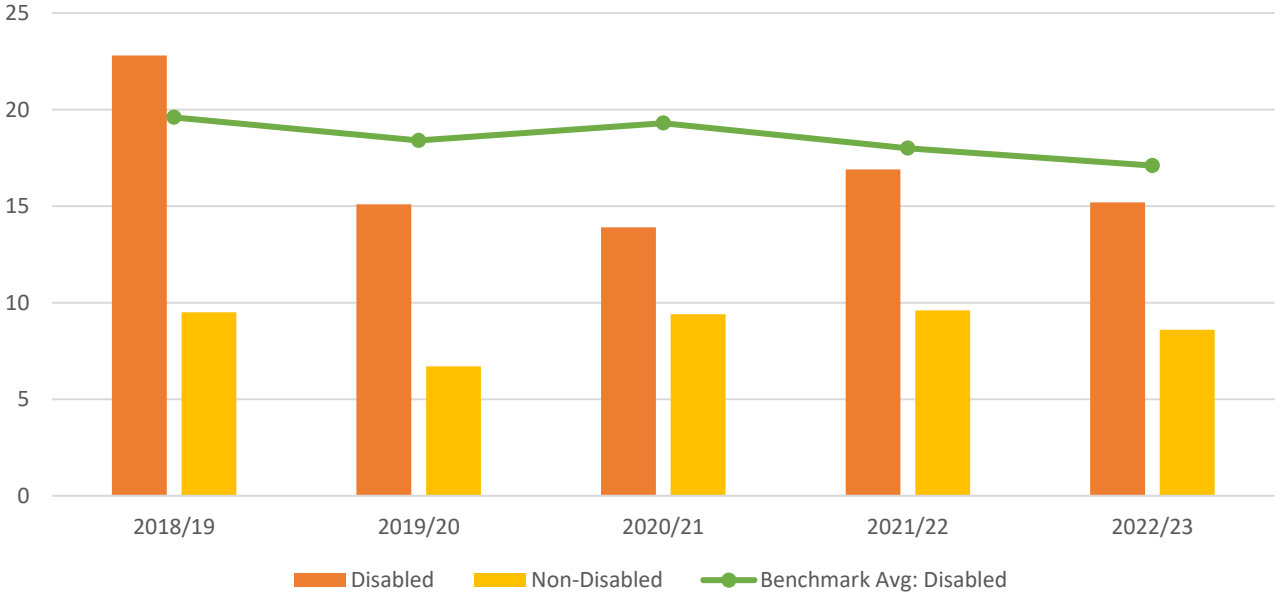
In contrast, 8.6% of Non-Disabled staff have reported this experience, which is slightly below the benchmark average for Non-Disabled staff of 9.9%.

The Trust has a bullying and harassment policy and will continue to promote this and provide advice and guidance for staff and managers. Staff have several routes to support including H.R., mediation, Freedom to Speak Up Guardians, staff network chairs and union representatives.

The Trust will promote resources to help staff understand routes to support including line managers, mental health first aiders, Freedom to Speak Up Guardians, Staff Networks, EDI Lead and trade union representatives.

National Average (2020): Disabled staff 18.5%; Non-Disabled staff 10.6%

Percentage of disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse in the last 12 months



Indicator 4: Harassment, bullying or abuse from colleagues

28.8% of Disabled staff have reported that they have experienced harassment, bullying or abuse from a colleague. This is higher than the Trust's benchmark average for Disabled staff of 26.9%. There has been a slight increase since last year's reported figure of 27.5%.

In contrast, 17.8% of Non-Disabled staff have reported this experience, which is reflective of the benchmark average for Non-Disabled staff of 17.7%.

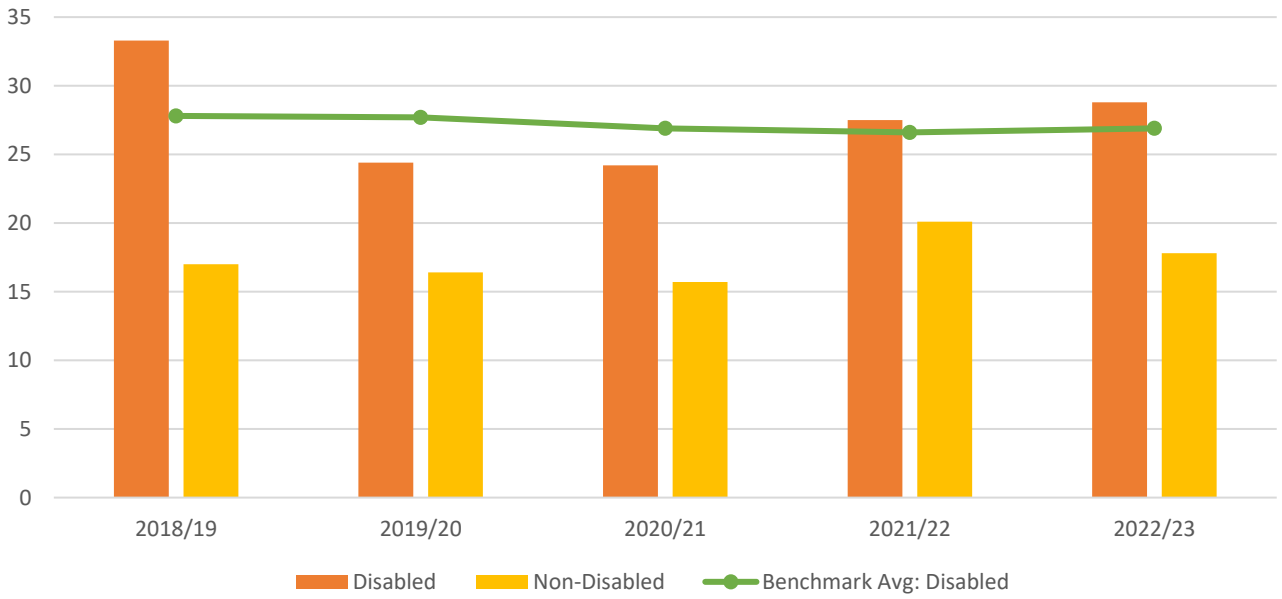
The Trust has a bullying and harassment policy and will continue to promote this and provide advice and guidance for staff and managers.

The Trust will promote resources to help staff understand routes to support including mental health first aiders, Freedom to Speak Up Guardians and utilisation of the Trust's reporting system (Datix).

The Trust is currently undertaking engagement with staff to understand their experiences of discrimination, which has multiple attributes that mirror the experience of staff who experience harassment, bullying or abuse. Initiatives to address discrimination will have a positive impact on this metric also. In addition, the Trust is committed to implanting a Restorative Just Learning Culture model which will help us to move away from a punitive culture to one of restoration, justice and fairness – staff have attended training to implement and support roll-out. This is supported by staff development including Civility training and we are currently developing Cultural Ambassadors who will share good practice across the Trust.

National Average (2020): Disabled staff 25.6%; Non-Disabled staff 16.7%

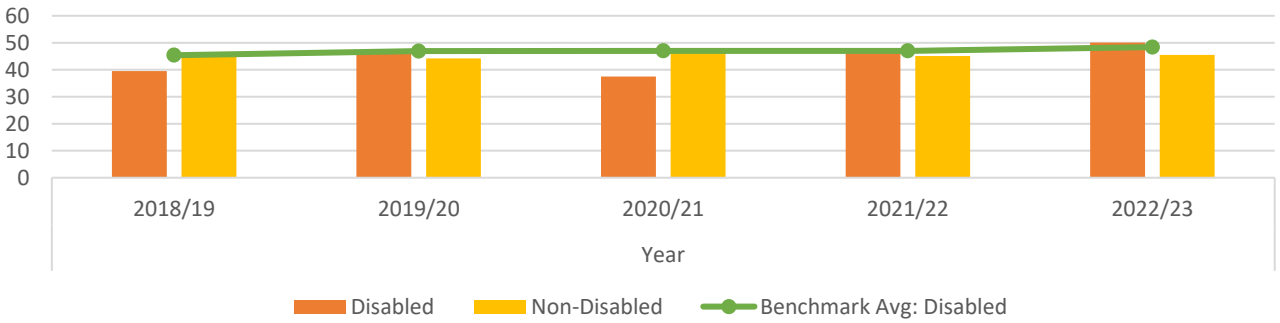
Percentage of disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse in the last 12 months



6 Indicator 4: Reporting incidents

50.1% of Disabled staff said that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it. 45.5% of Non-Disabled staff agreed with the statement. The national average for Disabled staff is 48.4% and Non-Disabled 47.3%.

Percentage of staff who reported harassment, bullying or abuse the latest time it happened:



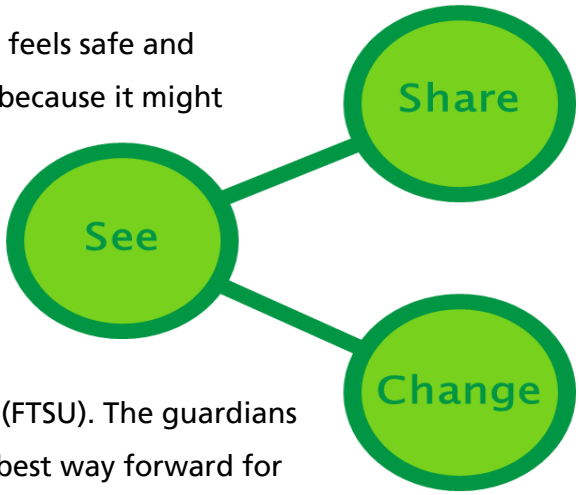
Bullying, harassment or abuse from patients, their relatives or members of the public has gradually increased over the past five years, the percentage reduced during the pandemic, and this was likely because there was less patient contact. The Trust will relaunch its campaign to address abusive behaviour from patients and the public and promote routes to support for staff.

Bullying, harassment or abuse from colleagues has fluctuated during the five year period, over the past year the percentage decreased. Staff engagement shows that there are similarities between bullying and harassment and discrimination and initiatives to address discrimination will positively impact this metric. A Restorative Just Learning Culture philosophy will compliment these initiatives.

Year	From Public		From Manager		From Colleague	
	Disabled	Non-Disabled	Disabled	Non-Disabled	Disabled	Non-Disabled
2018/19	32.5	24.9	22.8	9.5	33.3	17.0
2019/20	35.5	26.8	15.1	6.7	24.4	16.4
2020/21	28.6	28.4	13.9	9.4	24.2	15.7
2021/22	37.7	31.7	16.9	9.6	27.5	20.1
2022/23	37.0	28.7	15.2	8.6	28.8	17.8

6 Freedom to Speak Up Guardians

We aim to ensure everyone working within the Trust feels safe and confident to speak up. When a concern feels serious because it might affect patients, people receiving care, colleagues or the whole organisation, it can be difficult to know what to do, therefore having someone to turn is important to our staff and leadership.



The Trust has seven Freedom to Speak Up Guardians (FTSU). The guardians listen to staff concerns, support them and agree the best way forward for their concerns.

They can also act as an escalation point for people who want to speak up, have concerns, including those who have been unable to raise the issue through usual line management channels or have felt their concerns at this level have not been acted on.

In addition, the Trust provides Speak Up: Core training for all workers including volunteers, students and those in training, regardless of their contract terms and covers what speaking up is and why it matters. It helps learners understand how to speak up and what to expect when they do. There is separate training for line managers and leaders which is more focussed on listening up and the barriers that can get in the way of speaking up and there are a number resources available to staff on the Trust's Intranet.

2 Indicator 5: Career progression

54% of our disabled staff believe the Trust provided equal opportunities for career progression or promotion. The number was marginally higher for Non-Disabled staff at 57.3%. The Trust is similar to the national average for both its Disabled and Non-Disabled staff.

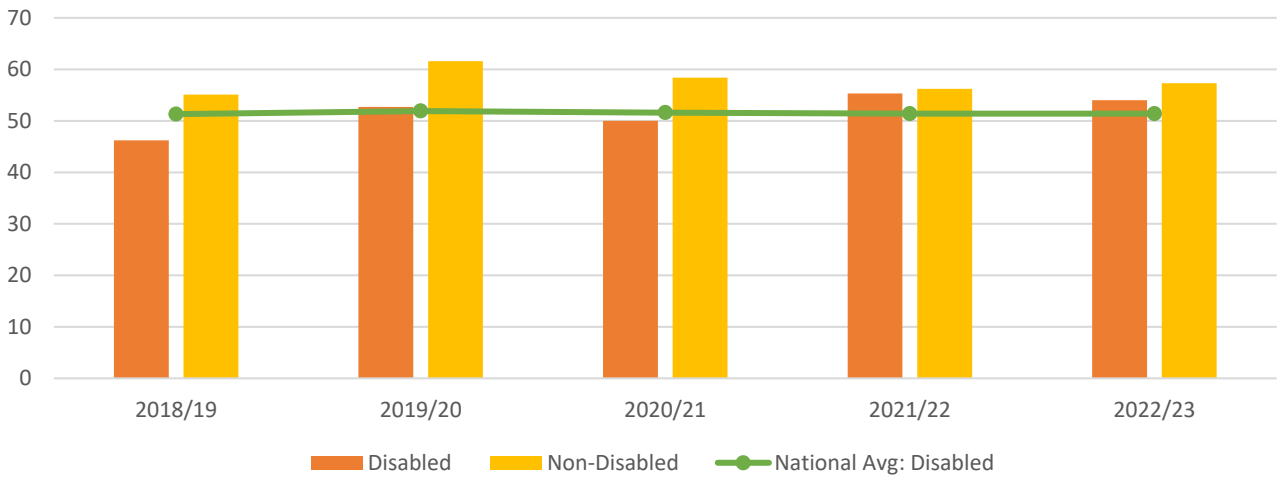
During the year the Trust has taken steps to develop a more inclusive recruitment process, including standardising how internal opportunities are promoted; refreshing the internet job's page to ensure it is more welcoming for candidates from diverse backgrounds and introduced compulsory 'Licenced to Recruit' training for recruiting managers.

All staff have access to CPD training, including internal and external (NHS England and HEE) online programmes including leadership development. The Trust has encouraged Disabled staff to attend training and regularly promotes opportunities via internal communications and the Differently Abled Staff Network.

The Trust will pilot an Independent Inclusion Recruitment Champions programme, and IRCs will sit on interview panels to support inclusive recruitment best practice.

National average Disabled staff 51.4%, Non-Disabled staff 57.3%.

Percentage of disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion



4 Indicator 6: Presenteeism

30.7% of disabled staff reported that they felt pressure from their manager to come to work, despite not feeling well enough to perform their duties. This is reflective of the benchmark average of 30.0%.

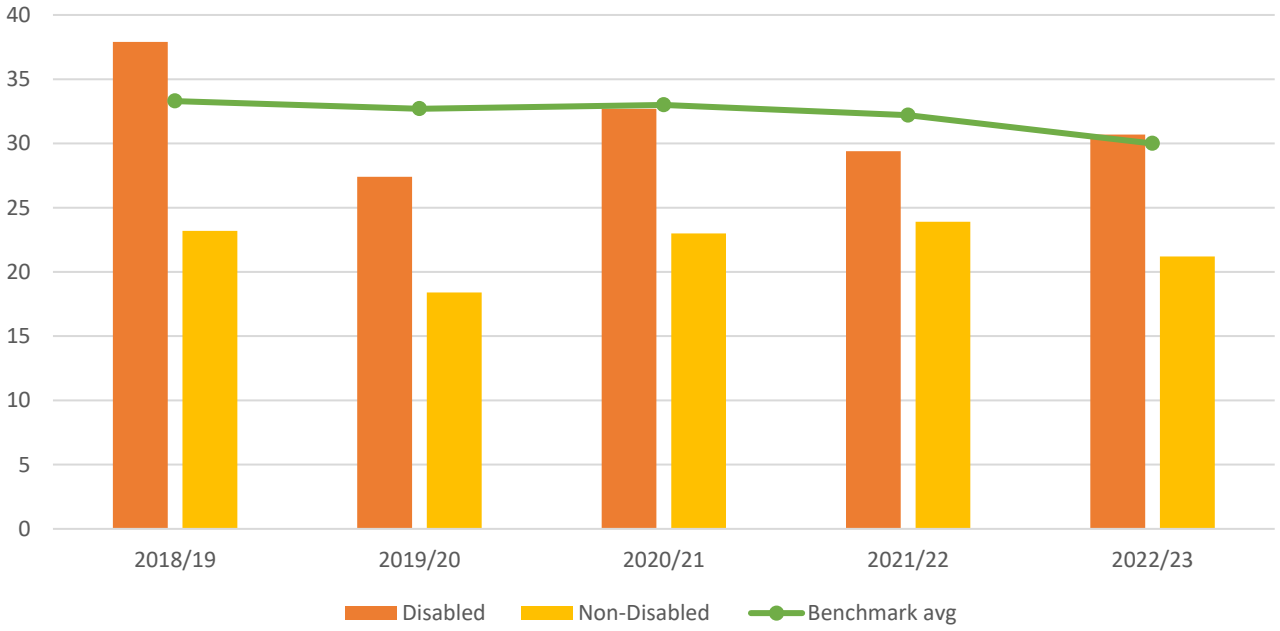
In contrast, 21.2% of Non-Disabled staff reported the same; which is also reflective of the benchmark average of 20.8%.

The Trust is supporting line managers to improve health and wellbeing conversations between them and the staff they manage and this is built into one-to-one conversations, and line managers have access to training. There is a robust health and wellbeing offer across the Trust including the provision of Mental Health First Aiders and Health and Wellbeing Champions and staff can access Occupational Health services. Last year the Trust introduced the NHS Health Passport, which is an editable document that has been designed for individuals working in the NHS with a disability, long term health condition, mental health issue or learning disability/difficulty. It allows individuals to easily record information about their condition, any reasonable adjustments they may have in place and any difficulties they face.

The Health & Wellbeing team have a programme for 2023/24 to promote physical and mental health. The Trust has also launched its 12 Leadership Behaviours which sets out expected behaviours including ‘compassion and civility’ and ‘active listening and coaching’, underpinning these behaviours are Equality, Diversity & Inclusion and Restorative Just Learning Culture principles. The Trust also has a Health Inequalities Steering Group whose remit is to also take into consideration health inequalities within the workforce.

National average Disabled staff 31.1%, Non-Disabled staff 22.9%.

Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties ("presenteeism")



4 Indicator 7: Feeling valued

28% of Disabled staff reported that they were satisfied with the extent to which the Trust valued their work. This is 4.5% points less than the Trust's benchmark average of 32.5%. In contrast, 40.1% of Non-Disabled staff felt the Trust valued their work, the benchmark average is 43.6%.

The Trust has improved its appraisal process and is rolling out the Improving Together methodology, a change management approach that empowers staff from across the Trust, irrespective of role to have increased influence and control over their work and their department. We will also launch our Allyship programme that will empower staff to get involved in initiatives that will improve Inclusion in the Trust.

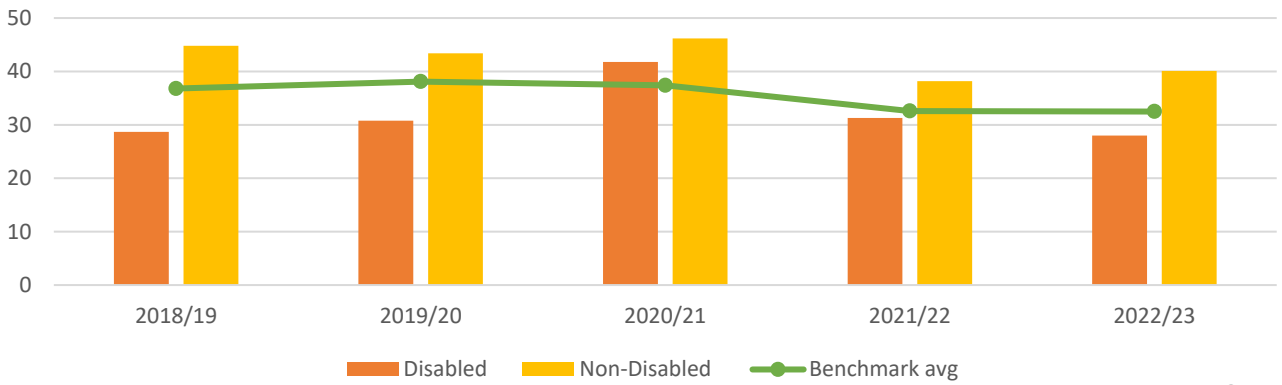
National average Disabled staff 39.4%, Non-Disabled staff 50.7%.

Disabled staff are considerably less likely to feel they are satisfied with the extent to which the Trust values their work. Over the past year we have taken steps to improve access to opportunities and to improve the appraisal process, which is one route to progression. However, more work can be done to reduce the disparity of experience between Disabled and Non-Disabled Staff.

What action are we taking

Embedding the Improving Together methodology – watch here.

Percentage of disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work



4 Indicator 8: Workplace adjustments

72.3% of Disabled staff have reported that the Trust has made adequate adjustment(s) to enable them to carry out their work. This is a slight improvement from the 2021/22 figure of 70.5%. But remains lower that then 2019/20 percentage of 82.4%, the highest recorded since the Trust started capturing this data.

Resources are made available for line managers to help them understand reasonable adjustment and line managers can also receive advice and guidance from H.R., the EDI Lead and the Differently Abled Staff Network (DAN).

This year a new Dyslexia pathway was introduced which support reasonable adjustment supported by Occupational Health and the National Dyslexia Association.

National Average (2020): Disabled staff 76.6%.

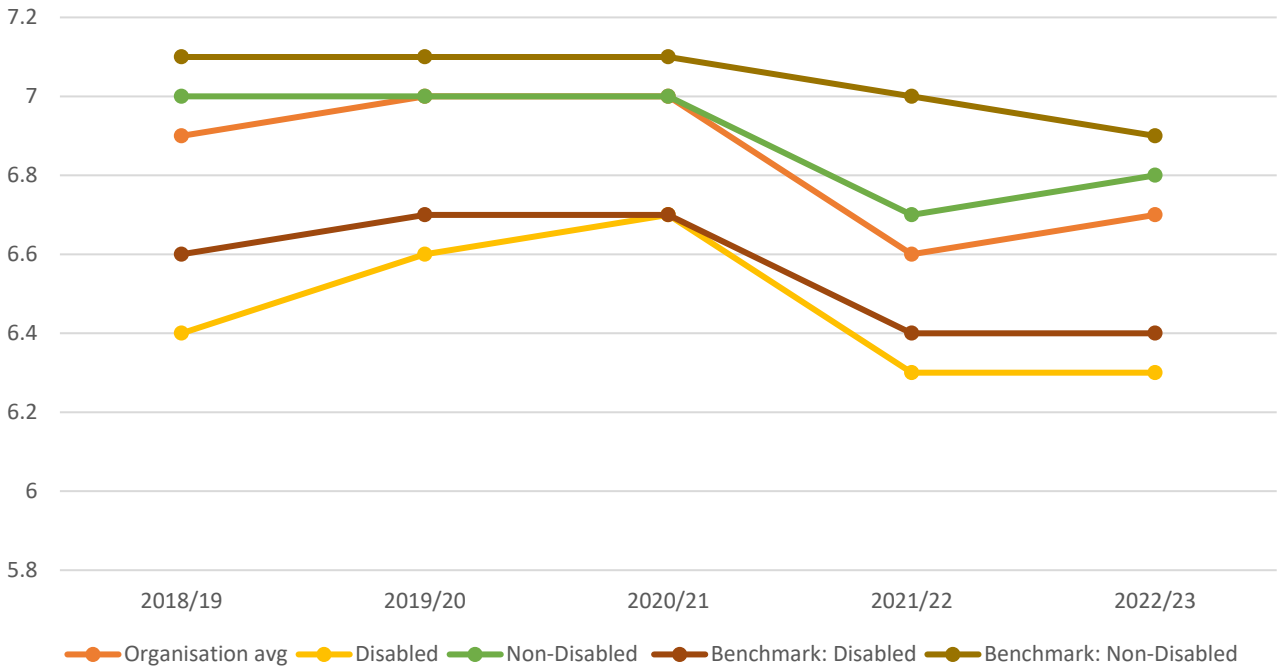
Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work

Year	Workplace adjustments
2018/19	75.0%
2019/20	82.4%
2020/21	81.4%
2021/22	70.5%
2022/23	72.3%

Note: non-disabled staff are not asked this question.

Indicator 9: Staff engagement score

a) The staff engagement score for Disabled staff, compared to non-disabled staff and the overall engagement score for the organisation



The engagement score for Disabled staff is 6.3, which is marginally lower than the Non-Disabled staff of score of 6.8 (giving a Trust average of 6.7). The Trust averages closely mirrors the benchmark average of 6.4 for Disabled staff and 6.9 for Non-Disabled staff. This score is made up of a composite of nine questions concerning motivation, involvement and advocacy (empowered to speak up and be involved in decision-making). See here for more information.

The Trust has launched the Improving Together change management methodology, which is having a positive impact where this is being trialled and this could potentially improve the engagement score in these areas. The Trust has a robust health and wellbeing offer; an educational programme through it's Leadership Academy and our networks offer an array of opportunities for staff to engage, socialise and raise awareness centred around Equality Diversity & Inclusion dates like Disability Awareness Month, Pride of Black History Month.

National average Disabled staff 6.7%, Non-Disabled staff 7.1%.

b) has your Trust taken action to facilitate the voices of Disabled staff in your organisation to be heard?

- 2021 launched Differently Abled Staff Network, network membership continues to grow. Network chair sits on the EDI strategic committee
- 2022 Executive Sponsor appointed to Networks; sponsors represent the network strategically
- Differently Abled Network members are able to influence improvements in patient care – Network took part in Fifteen Steps challenge* in 2022
- Trust facilitates Networks to host a range of events across the year to raise awareness about issues that disabled people encounter
- The Trust and Staff Partnership Forum engages with staff via the networks across a range of issues and to review policies
- We host periodic Listening Events to enable staff to engage with leadership around key issues and recently launched Change the Narrative Storytelling event

A message from Justin Sysum

Previous Chair of the Differently Abled Network

"Having been the Chair of our Differently Abled Network since its inception, I have been incredibly proud to see the network grow and continue to provide insight, support, and guidance for staff in the Trust.

A lot of what the network has discussed over the past year has influenced Trust strategy for staff retention and recruitment, communication, and engagement. The group should feel incredibly proud of their input. We also welcomed our Executive Sponsor, Simon Wade, who has not only added his voice to the group but has also been receptive to the discussion topics.

Unfortunately, I had to step down from my role as Chair for the network but continue to be a supporter and ally for all of our staff networks. I wish my successor all the best, and they have my full support."

Staff networks

The Trust has four staff networks; Differently Abled Network, Race Equality Network, LGBTQ+ Network and the Women's Network. The networks host meetings for their members, raise awareness in the organisation, provide advice and guidance on a number of issues and sit on the organisation's strategic EDI group which is chaired by the Trust's CEO.

The Trust also has an Armed Forces Network for staff who are serving within the Armed Forces, are veterans, or have a family member in the Armed Forces. Armed Forces personnel are not a protected characteristic but face unique challenges that can lead to health inequalities. We're committed to improving NHS care for veterans, reservists, members of the armed forces and their families and provide job opportunities for reservists and veterans.

All networks welcome Allies who might not share the same protected characteristic or experience as those with lived experience.

1

Indicator 10: Board representation

Our data indicates that there are no board members with a disability.

During the year 2022/23 the Trust had 18 Board members – comprising of 15 voting members and three non-voting members; eight of these board members are Execs and 10 Non-Execs.

The Board has recently recruited new Non-Executive Directors and an increased effort was made to attract a diverse range of candidates.

2022/23 Board Membership

	Total	Voting	Non-Voting	Exec	Non-Exec	Overall workforce
Disabled	0%	0%	0%	0%	0%	2.98%
Non-disabled	93.75%	93.33%	100%	88.89%	100%	75.77%
Unknown	6.25%	6.67%	0%	11.11%	0%	21.25%

Conclusion

It is clear from the data that there is still more to be done to improve inclusion and accessibility for our disabled staff. There have been improvements in two metrics, an increase in number of disabled staff to 2.98 (national average 3.7%, Southwest average 4.0%) – the largest marked increase being Non-clinical Band 7 (increase from 1 to 4) - and the percentage of disabled staff who feel the Trust has made adequate adjustments to enable them to carryout their work which increased from 70.5% to 72.3% (national average 76.6%, Southwest average 75.1%). There has been a slight deterioration in 3 metrics as stated in the summary section and a larger deterioration in staff perception around the organisation valuing their work, which reduced from 31.3% to 28.0%.

In order to transform this data we will commit to working much closer with our disabled staff to understand their working life experience so that future initiatives reflect 'what matters to them' and we will start to respond to the national NHS EDI Improvement Plan highlighted in the first part of this report. To accomplish this, we will engage with the wider workforce with a disability or living with a long-term health condition to understand their lived experience and provide a voice for staff to influence the decisions we make that affect them through staff networks and other channels. We will also take positive action to improve equitable access to opportunities – including reviewing the recruitment process and piloting Inclusion Recruitment Champions; address discrimination in all its forms, which is our pillar metric for the year and we will support staff to challenge poor behaviour, and encourage them to speak up when they experience or see behaviours that are contrary to the Trust values.

Our Allyship programme that will be launched in September 2023 is vital to this work, if we are to impact an organisation of this size, we need staff across the Trust to be part of this transformation. The EDI Lead is currently working closely with the Differently Abled Network whilst they recruit a new chair and will continue to work with the network to develop strategic plans. Our efforts to increase the number of disabled staff will benefit from the Trust's work to strengthen our role as an anchor institution and there are a number of work placement schemes that will support our commitment to having a representative workforce.

The Trust is delighted to adopt the Restorative Just Learning Culture approach over the coming months and introduce Cultural Ambassadors and launch our Leadership Behaviours, all of which will positively impact behaviours, policy, practice and culture in the Trust. To help to align our efforts across the Trust, an EDI framework has been designed which will help our teams of staff to work together towards a common aim. A copy of the framework is on the next page.

We end this report by inviting our leaders, staff, governors, volunteers and patients to stand with us to build an inclusive workplace culture and to reduce health disparities in our workforce and population.

If you would like to explore how you can get involved in our EDI work contact our EDI Lead sharon.woma@nhs.net.

An action plan that sets out our ambition for the year ahead follows overleaf

Achieving organisation-wide alignment to embed inclusion

The Equality Diversity & Inclusion (EDI) leadership focus for 2022/23 will be to create a stronger inclusive culture. We can only achieve this by making 'Inclusion' everyone's business and throughout the year we will encourage teams to set their own EDI priorities. We believe if we encourage inclusive behaviour, improve awareness, develop a common understanding of EDI matters and enable staff to apply inclusive principles to their area of work this will lead to better team cohesion and performance, better patient-centred care and therefore better patient outcomes.

The framework will also support the Trust to meet its legal duty under the Equality Act 2010 and support compliance. This will lead to a positive outcome for the mandated and statutory standards:

- Workforce Race Equality Standard (WRES) & Workforce Disability Equality Standard (WRES)
- Equality Delivery System
- Gender Pay Gap (GPG) reporting
- NHS EDI Improvement Plan

WDES action plan 2023 – 2024

Category Key action	Key Action	Steps to achieve action	Due by	Desired outcome
Health & Wellbeing	Reduce discrimination, bullying, harassment and abuse in the workforce	Equity data walk – engage with staff to explore their lived experience and take action to support positive change based on findings Promote the NMC 'Combatting Racial Discrimination' toolkit	Nov 2023	• Improved Indicator 4: Experiencing discrimination at work from staff
		Launch Allyship programme – Promote everyday allyship and build a programme for volunteers to encourage staff to advocate for others and to challenge behaviour that is not in line with Trust values Re-launch of Reciprocal Mentoring programme	Sep 2023	• Improved Indicator 4: harassment, bullying or abuse from managers and colleagues
		EDI Masterclass Series to be developed in-house to improve cultural competence and raise awareness around key issues including 'making adequate adjustments', training to be aligned with 'Civility', 'Restorative Just Learning Culture' and 'Improving Together' approaches to ensure a consistent message is delivered	Nov 2023	• Improved Indicator 4: harassment, bullying or abuse from managers and colleagues • Improved Indicator 6: presenteeism • Improved Indicator 8: making adequate adjustments
	Reduce discrimination, bullying, harassment and abuse from patients, relatives or the public	Revise and relaunch campaign to promote zero tolerance and encourage civility and respect towards staff	Oct 2023	• Improved Indicator 4: harassment, bullying or abuse from patients, their family or the public

Category Key action	Key Action	Steps to achieve action	Due by	Desired outcome
Health and wellbeing	Improve provision of workplace adjustments	Apply for external funding/grants (e.g. WDES Innovation Fund) to support education and implementation of workplace adjustments Disability Confident Employer annual review	Nov 2023 May 2024	• Improved Indicator 8: provide adequate adjustment(s) to enable disabled staff to carry out their work
	Increase Health & Wellbeing Services	Deliver a new 4-hour training package for line managers - 'Mental Health Skills for Managers'	Oct 2023	• Improved Indicator 6: Presenteeism – reduce episodes of staff work despite not feeling well enough to do so and sickness absence
		Health & Wellbeing (HWB) conversations to be added to the Electronic Staff Record system to improve the recording of this data and to facilitate HWB conversations	Aug 2023	
	Address Health Inequalities within our workforce	Provide in-reach physical health checks available for all staff – to include cholesterol, blood sugar levels and provide general advice	Ongoing	• Improved Indicator 6: Presenteeism – reduce episodes of staff work despite not feeling well enough to do so and sickness absence
Progression & Development	Inclusive Leadership training	GWH managers and leaders to participate in system-wide leadership training, training opportunity actively promoted to minoritized staff	Sep 2023 (cohort 2)	• Improved Indicator 7: improve perceptions around 'feeling valued'

Category Key action	Key Action	Steps to achieve action	Due by	Desired outcome
Progression & Development	Inclusive Leadership training	EDI conference to be hosted by Trust to support leaders to understand how to lead 'Inclusion' in their work areas, to manage cultural change and support an increasingly diverse workforce	Jan 2024	• Support overall improvement across all aspects of EDI
Equal Opportunities	Reduce shortlisting to appointment disparity	Launch Inclusion Recruitment Champions programme in June 2023. Volunteer champions will be trained in August and will be available to support interviews for Band 8A above roles	Jun 2023	• Improved Indicator 1: Workforce representation • Improved Indicator 2: Relative likelihood of being appointed from shortlisting
	Work experience placements	Provide work experience placements for young people with special education needs and those not in employment or training		• Improved Indicator 1: Workforce representation
	New College Swindon partnership	Trust to commence programme with New College Swindon and Swindon Borough Council in Oct 23, supporting young adults from disadvantaged areas of Swindon, looked after children and young carers. This would be an additional development programme supporting them into an apprenticeship	Oct 2023	• Improved Indicator 1: Workforce representation • Improved Indicator 2: Relative likelihood of being appointed from shortlisting
	Project Search launch	Trust to initiate Project Search – national programme providing work experience opportunities for young adults within the SEND community	Sep 2023	• Improved Indicator 1: Workforce representation • Improved Indicator 2: Relative likelihood of being appointed from shortlisting
Inclusive Leadership	EDI to be embedded in all in-house leadership training	EDI Lead and Organisational Development (OD) Leads to review and revise all internal leadership training	Sep 2023	• Support overall improvement across all aspects of EDI

Category Key action	Key Action	Steps to achieve action	Due by	Desired outcome
Inclusive Leadership	EDI to be embedded in all in-house leadership training	EDI Lead and Organisational Development (OD) Leads to review and revise all internal leadership training	Sep 2023	• Support overall improvement across all aspects of EDI
	Set Board objectives	Board to develop collective and individual EDI objectives linked to their appraisal. This will align with the national High Impact Action 1.	Mar 2024	• Support overall improvement across all aspects of EDI
Workforce engagement	Support staff networks to deliver a range of initiatives	EDI function to support staff networks across a range of initiatives including events and learning opportunities	Ongoing	• Support overall improvement across all aspects of EDI • Improved Indicator 7: improve perceptions around 'feeling valued'
	Deliver a series of Workforce Listening Events	Host a series of 'Change the Narrative' Storytelling events throughout the year to help to raise awareness and to challenge stereotypes	Ongoing	• Support overall improvement across all aspects of EDI • Improved Indicator 4: harassment, bullying or abuse from managers and colleagues
	Provide access to regular EDI support across workforce	Launch 'Inclusion Café' to provide an opportunity for staff to regularly engage with EDI Lead, the café will be a forum for bite-size learning, support and advice and guidance		• Support overall improvement across all aspects of EDI

NHS
Great Western Hospitals
NHS Foundation Trust

Equality, Diversity
& Inclusion

Workforce Race Equality Standard (WRES)

2023

Introduction by Sharon Woma

Equality, Diversity and Inclusion Lead

It is an honour to present this year's WRES report. I joined the Trust in January 2023 and was delighted to find that there are a number of initiatives underway that will have a positive impact on the working life experience of ethnic minority staff.

Last year's action plan in response to the data at the time included initiatives that seek to address the inequalities in recruitment, career progression, discrimination and bullying, harassment and abuse.

It is encouraging to see the movement of metrics in this report going in the right direction, however, there is still work to be done, especially where the numbers still lag behind the national average and my ambition is to be above average within 3-5 years. Significant movement has been made across the following metrics:

- Bullying and harassment from staff improved ↑ 4.9%, from 32.7% to 27.8% (national BME avg. 28.8%)
- Experiencing discrimination from colleague/team lead/manager improved ↑ 6.6%, from 26.4% to 19.8% (but still above national BME avg. 17.3%)
- Bullying and harassment from patients improved ↑ 4.1%, from 34.8% to 30.7% (BME national avg. 30.8%)
- Equal opportunities improved ↑ by 4.7%, from 38.9% to 43.6% (BME national avg. 47%).

We have also introduced two new metrics Bank (staff) Race Equality Standard and Medical (staff) Race Equality Standard and you can read the benchmark data in this report.

Transformation can only happen if 'Inclusion' becomes everyone's business, that means every member of staff irrespective of their role or banding in the organisation must take action to

address the behaviours, practice and policies that lead to less favourable outcomes for our minoritized groups of staff or patients and/or culture. To accomplish this, over the next twelve months, I will support our organisation to equip our staff to become more culturally competent and to understand the role of bias and how it affects everyday decisions.

To support this, the Trust has recently launched its 12 Leadership Behaviours, a set of behavioural attributes that spell out our expectations of our staff and the Trust is committed to enabling a Restorative Just and Learning Culture (RJLC) approach across every division. RJLC empowers staff to move away from a blame culture, towards one that is restorative and fair and seeks to learn from mistakes and 'right any wrongs' – this could have a significant impact on initiatives to address discrimination, bullying and harassment.

Since joining the Trust, I have been embraced by the staff networks who are my allies in this work, the Race Equality Network have facilitated a number of events including Race Equality Week in February 2023, celebrating South Asian Heritage month in July 2022 and August 2023 and helped me host the recent 'Windrush 75: Change the Narrative' storytelling event to mark the 75th Anniversary of the Empire Windrush ship's maiden voyage from the Caribbean to the UK – this event is especially significant to the NHS as many of the migrants came to work for the health service, which also celebrated its 75th year this year.

The NHS still invites people from other countries to join our workforce in response to our staff shortages, and it remains important that we create a welcoming and inclusive climate for our internationally educated staff who are instrumental in helping us to provide safe and effective care.

I am proud of the work that our nursing leads, SAS lead and international medical graduate leads have undertaken to help staff settle in the UK and into working life in the Trust. I will also be working closely with our leads to ensure our Equality, Diversity and Inclusion initiatives responds to the needs of an internationally diverse workforce.

As an Integrated Care System, BSW Together EDI Leads work together to address workforce and patient disparities. Over the past year we worked collectively to integrate EDI into all system-wide leadership programmes; implement methods that improve inclusive employment and created work experience opportunities for under-represented communities; reviewed and benchmarked workforce data such as WRES and WDES across the system with corresponding collaborative sharing of best practice and recovery plans and supported staff networks.

Over the coming year, the system EDI group will work together to develop shared resources to deliver EDI-related staff training; and collaborate to improve the recruitment processes and to undertake the NHS's mandated EDI performance reviews (including EDS2022, WRES and WDES). A shared action plan will be developed by the group over the coming weeks. I have recently accepted the role of co-chair of this group, working closely with this group will mean that I have regional influence and will be able to share best practice externally, as well as bring best practice into the Trust; increasing collaboration, when possible, will also mean that we can use our limited resources more effectively. Nationally, NHS England have recently launched the NHS Equality Diversity & Inclusion Improvement Plan, the plan, which sets out six high impact actions has been welcomed by the Trust. The Trust's EDI action plan which includes WRES actions, will be informed by the national plan.

Sharon Woma
Equality Diversity & Inclusion Lead

Equality, diversity, and inclusion improvement plan – NHS England

NHS England recently launched an improvement plan which will be adopted nationally, this plan heralds a more consistent approach to tackling inequalities in our workforce. The Trust is committed to implementing the plan and we will indicate where our 2023/24 action plan responds to the High Impact Actions highlighted opposite.

The aim of this plan is to improve equality, diversity and inclusion, and to enhance the sense of belonging for NHS staff to improve their experience. The high impact actions are intended to be intersectional, this recognises that people have complex and multiple identities, and that multiple forms of inequality or disadvantage sometimes combine to create obstacles that cannot be addressed through the lens of a single characteristic in isolation.

The plan will also provide greater opportunities to collaborate at system and regional level. The Trust is building a profile as 'change agents' and we have recently become hosts to a national network of EDI practitioners who are keen to transform inclusion work. We will work more closely with regulators and partner organisations to identify and implement best practice; and work with our staff with lived experience and wider workforce to make 'Inclusion' everyone's business.

The following action plan is referenced throughout the document:

1	Chief executives, chairs and board members must have specific and measurable EDI objectives to which they will be individually and collectively accountable.
2	Embed fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity.
3	Develop and implement an improvement plan to eliminate pay gaps.
4	Develop and implement an improvement plan to address health inequalities within the workforce.
5	Implement a comprehensive induction, onboarding and development programme for internationally-recruited staff.
6	Create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur.

What is the Workforce Race Equality Standard (WRES)

The WRES helps NHS commissioners and NHS healthcare providers (including independent organisations) achieve workplace parity between their staff from ethnic minority backgrounds and White staff. It aims to achieve this by reviewing data against a number of key performance indicators, and obliges organisations to produce action plans to close identified gaps in career and workplace experiences.

The 9 WRES indicators are:

1	Percentage and number of staff in the Trust by ethnicity (AfC Bands 1-9 and VSM)
2	The relative likelihood of white applicants being appointed from shortlisting compared to BME applicants
3	The relative likelihood of BME staff entering the formal disciplinary process compared to white staff
4	The relative likelihood of white staff accessing non–mandatory training and CPD compared to BME staff
5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months
6	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months
7	Percentage of staff believing that their trust provides equal opportunities for career progression or promotion
8	Percentage of staff experiencing discrimination at work from other staff in the last 12 months
9	The representation of BME people amongst board members

A WRES return is completed annually. As well as requiring comparative information on workforce indicators for ethnic minority staff and White staff, it also compares national NHS Staff Survey data for these groups. Progress is measured against the WRES indicators, and we compare our present position with results from previous years.

Aims of this report are to:

- Compare the workplace and career experiences of our ethnic minority and White staff using data drawn from our Electronic Staff Records as at 31.03.2023 and NHS Staff Survey results in 2022.
- Highlights key findings in the data.
- Provide a detailed analysis of the metrics data at Trust level and this is benchmarked against organisations of a similar size.
- Provide a year-on-year comparison with available results from earlier years.
- Highlight some of the work the Trust and Race Equality Network (our staff network for ethnic minority staff) have done during the year to support race equity.
- Raise awareness of race equality within the NHS workforce and outline some of the challenges that ethnic minority staff collectively experience at work.

Where possible we have used the term 'ethnic minority' or 'staff from ethnic minority backgrounds', however the data tables mirror the national reporting requirements of ethnic categories in the NHS data model and dictionary. We recognise the term 'BAME' or 'BME' emphasises certain ethnic minority groups (Asian and Black) and excludes others, such as the 'mixed', Gypsy, Roma and Traveller and 'other white' ethnic minority groups that also face negative disparities and acknowledge the need to have an intersectional mindset when developing an action plan in response to the findings of this report. We know that people from ethnic minority backgrounds are not a homogenous group and will need a range of support and initiatives to achieve equity for all staff who are marginalised or face discrimination of any kind.

A list of ethnic categories used by the NHS is provided below:

White

A – White – British

B – White – Irish

C – Any other white background

BME

D – Mixed White and Black Caribbean

E – Mixed White and Black African

F – Mixed White and Asian

G – Any other mixed background

H – Asian or Asian British – Indian

J – Asian or Asian British – Pakistani

K – Asian or Asian British – Bangladeshi

L – Any other Asian background

M – Black or Black British – Caribbean

N – Black or Black British – African

P – Any other black background

R – Chinese

S – Any other ethnic background

Not known

Z – Not stated

Null

Unknown

Summary of WRES indicator scores

The NHS Workforce Race Equality Standards (WRES) is an important mechanism to achieve workplace equality and has several key functions. Firstly, to help NHS commissioners and NHS healthcare providers (including independent organisations) review their data against several equality indicators and domains. Second, to produce action plans to close the gaps in workplace experience between White and ethnic minority staff. Third, to improve ethnic minority representation at all levels of the organisation, including the Board.

A WRES return is completed annually. It requires comparative information on workforce indicators for White and ethnic minority staff, and also compares national NHS Staff Survey data for these groups. The WRES is mandated through the NHS Standard Contract and provides assurance to our local population, patients, partners and commissioners that the Trust is committed to creating an inclusive culture for all its staff and to address disparities and inequalities in any form.

WRES has been expanded into a suite of three reports, and for the first time, the Trust has reported separately for its Agenda for Change staff (WRES), its medical staff (MWRES) and the new bank staff (Bank WRES). Highlights from each report is noted below.

WRES
- Substantial improvements across 5 metrics for BME staff – representation, harassment bullying and abuse, believes the Trust provides equal opportunities and discrimination
- Small decline across one metric – shortlisting to appointment
- BME staff are more concentrated in Bands 1-5, 68.00% of BME staff are employed in this range

MWRES
- 248 consultants employed, 60.9% White, 22.2% BME and 16.9% unknown ethnicity. This is fairly representative of the wider workforce (24.1% BME)
- 88.5% of Asian consultants received a CE Award compared to 100% Black or Other groups, but significantly more Asian consultants were eligible to apply
- Shortlisting-to-appointment ratio for Asian consultants was worse than Black or Other

BWRES
- BME bank staff are relatively no more likely to enter a formal disciplinary process than White staff
- No Bank staff faced dismissal over the twelve month period April 2022 to March 2023

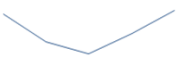
We should note the level of non-disclosure in this report, where applicants or staff have not declared their ethnicity. Where this is high, it could potentially mean that the data is less favourable than it appears.

We have developed an action plan that builds on work we have done in previous years and this responds to the areas where we currently need to improve and where relevant also responds to the High Impact Actions set out by NHS England. Our action plan is also aligned with the aims and objectives of the Trust's EDI Strategy and People Strategy. We will also continue to engage with EDI leads and staff networks across the BSW ICB, to share best practice and resources and to build a shared action plan. The range of issues are consistent across our organisations (although key steps to achieve the actions and completion dates may differ). Finally, we will continue to work with our network for ethnic minority staff who act as an important source of advice, support and awareness-raising for staff in the Trust.

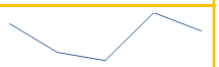
The data in the below table has been collected since 2019. The data is based either as a snapshot as of 31 March (in each year, for metrics 1 and 9).

RAG rating 2022 to 2023 comparison:

- Improvement for staff (green)
- Similar findings (amber)
- Deterioration for staff (red)

WRES Indicator			Year						
			2018-19	2019-20	2020-21	2021-22	2022-23	Direction of Travel 22 – 23	5 Year Trend
1	Percentage of black and minority ethnic (BME) staff	Overall	11.7%	14.5%	17.2%	20.5%	24.1%	↑	
		VSM	0	0	0	1*	1	↔	
2	Relative likelihood of white applicants being appointed from shortlisting across all posts compared to BME applicants		1.59	1.27	1.13	1.37	1.64	↓	

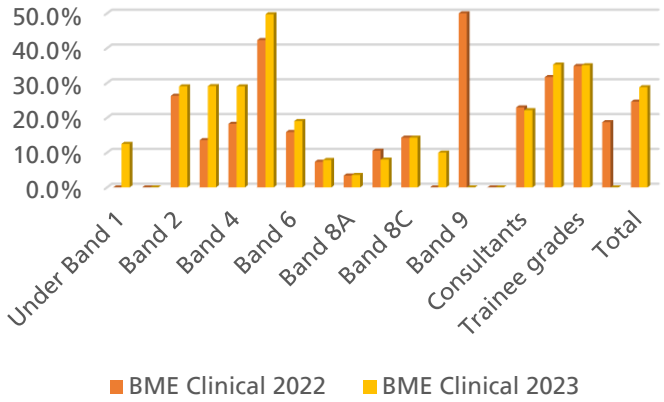
*Correction to 2022 figure made from three to one VSM

WRES Indicator			Year						
			2018-19	2019-20	2020-21	2021-22	2022-23	Direction of Travel 22 – 23	5 Year Trend
3	Relative likelihood of BME staff entering the formal disciplinary process compared to white staff		0.57	0.83	0.72	0.81	1.09	↑	
4	Relative likelihood of white staff accessing non-mandatory training and continuous professional development (CPD) compared to BME staff		0.97	0.91	0.92	1.01	1.04	↔	
5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	BME	22.6%	22.8%	22.5%	34.8%	30.7%	↑	
		White	26.5%	29.6%	29.0%	32.8%	30.4%	↑	
6	Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	BME	29.6%	22.8%	21%	32.2%	27.8%	↑	
		White	24.5%	21.6%	22.9%	25.6&	23.7%	↑	
7	Percentage of staff believing that trust provides equal opportunities for career progression or promotion	BME	38.9%	50%	45.7%	38.9%	43.6%	↑	
		White	55.7%	61.1%	58%	59.3%	60%	↔	
8	Percentage of staff personally experiencing discrimination at work from a manager/team leader or other colleague	BME	9.3%	8.8%	16%	26.4%	19.8%	↑	
		White	5.6%	3.4%	5.9%	6.6%	6.3%	↔	
9	BME Board membership (Exec and Non-Exec)		0	0	0	3	3	↔	

Indicator 1: Workforce representation

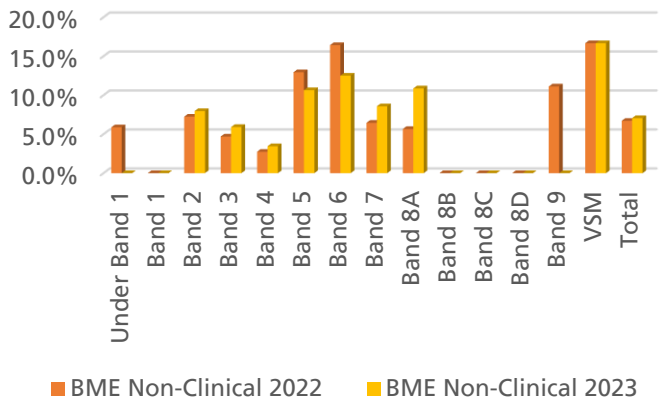
The following graphs show the changing proportions of BME staff in movement between pay bands over the last 2 years, for clinical and non clinical staff.

The greatest increase across all bands (clinical and non-clinical) was the Band 3 Clinical staff, which increased by 15.5 percentage points, from 13.6% to 29.1%.



Other significant increases were in Under Band 1 clinical staff (apprenticeships), which was 0% last year and is now 12.5% and Band 4 clinical roles which increased by 10.8 percentage points, from 18.3% to 29.0%.

Changes in the Band 2/Band 3 mix is a result of the re-banding of the Healthcare Support Worker role. Following the conclusion of a review in December 2022, the Trust's Band 2 Healthcare Support Workers had the opportunity to move to a Band 3 role if they wished to, subject to certification.



There are now no Band 9 staff, in 2022 there was one Band 9 in a clinical role (50%), and one Band 9 in a non-clinical role (11.1%). This appears more marked, given the small numbers of BME staff at that level.

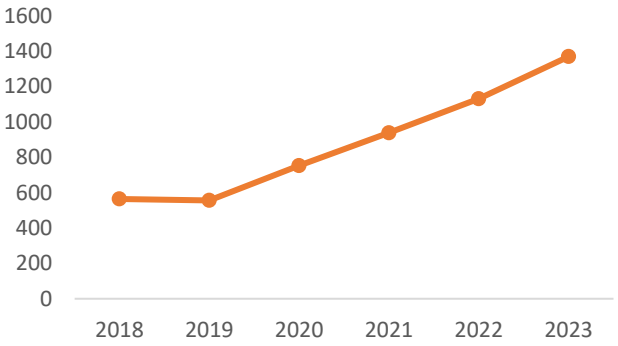
Workforce representation 2019-2023

The Trust employed 1369 staff from ethnic minority backgrounds in 2022/23 and 3928 White staff. Ethnic minority representation increased by 238 staff (from 20.58% to 21.04% of workforce). The number of ethnic minority staff has increased year-on-year since 2020 and the number of staff who have not declared their ethnicity is reducing over time – down from 511 last year to 477 this year. The Trust will continue to encourage staff to share their demographic information so that we can build a more accurate picture of our staff profile and ensure our EDI plans meet the needs of our workforce.

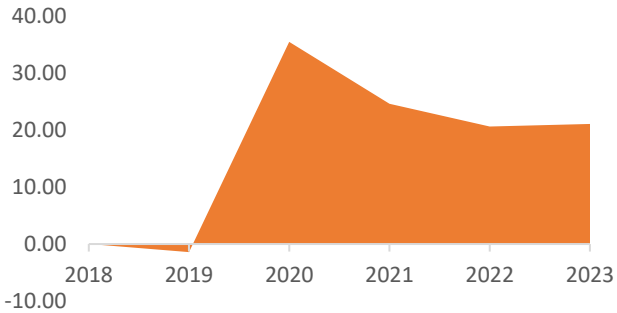
Similar to the Workforce Disability Equality Standard, the WRES indicates that there is a shortlisting to appointment disparity for ethnic minority job applicants (Indicator 3). The Trust is committed to increasing representation at all levels of the organisation, continuing to improve the recruitment process will support this, particularly addressing any shortlisting to appointment disparities.

						Percentage of total workforce		
Year	BME Staff	Growth since previous year	White Staff	Unknown Status	Total	% BME	% White	% Unknown
2018	564		4509	539	5612	10.05%	80.35%	9.60%
2019	556	↓ -1.42%	3613	586	4755	11.69%	75.98%	12.32%
2020	753	↑ 35.43%	3846	612	5211	14.45%	73.81%	11.74%
2021	938	↑ 24.57%	3943	581	5462	17.17%	72.19%	10.64%
2022	1131	↑ 20.58%	3863	511	5505	20.54%	70.17%	9.28%
2023	1369	↑ 21.04%	3829	477	5675	24.12%	67.47%	8.41%

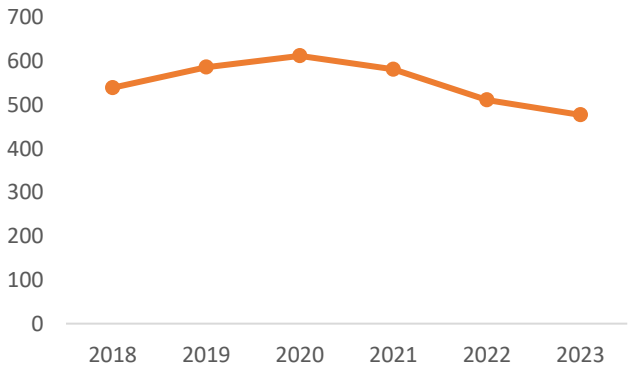
No. of BME staff



% growth since previous year



No. of staff where ethnicity is unknown



Year	Shortlisting to Appointment Ratio
2018/19	1.46
2019/20	1.59
2020/21	1.13
2021/22	1.37
2022/23	1.64

3.58% Increase in percentage points of ethnic minority staff in total workforce, 20.54% to 24.12%.

As at 31 March 2023 1369 BME staff worked for the Trust (24.1%). The number of BME staff increased from 1131 to 1369 between the year 2021/22 and 2022/23, an increase of 3.6%. The number of White staff decreased by 34 in the corresponding period, from 3863 to 3829, a decrease of 0.4%.

There is less ethnic diversity in senior roles. 927 BME staff (68% of all BME staff) are employed in Band 1 to Band 5. 217 BME staff (16%) are employed in Band 6 to 7 and 225 BME staff (16% - reflective of the percentage of White staff) are employed in Band 8A and above.

BME staff are under-represented in non-clinical roles. 93% of Band 1 to 5 BME staff are in clinical roles (e.g. nursing) and 7% in non-clinical roles; compared to 59% of White staff in Band 1-5 clinical roles and 41% in non-clinical roles.

477 staff (8%) have not disclosed their ethnicity and this could make the data look more positive than it is in reality. Non-disclosure is highest in Band 5 clinical roles. Non-disclosure has reduced by 1% since last year.

Reducing the number of staff who have not disclosed their status (unknown) would help to build a more accurate picture. The Trust will continue to encourage staff to update their records.

See table over page.

Percentage of Disabled staff in each of the Agenda for Change (AfC) bands 1 – 9, VSM (including executive board members), medical/dental and other staff, compared with the percentage of non-disabled staff in these categories:

2023	Non-Clinical						Clinical, Medical & Dental					
	White	BME	Not Known	Total	White %	BME %	White	BME	Not Known	Total	White %	BME %
Under Band 1	7	0	1	8	87.5%	0.0%	7	1	0	8	87.5%	12.5%
Band 1	1	0	0	1	100.0%	0.0%	2	0	0	2	100.0%	0.0%
Band 2	302	28	22	352	85.8%	8.0%	134	63	20	217	61.8%	29.0%
Band 3	333	22	17	372	89.5%	5.9%	531	245	66	842	63.1%	29.1%
Band 4	129	5	11	145	89.0%	3.4%	170	74	11	255	66.7%	29.0%
Band 5	81	10	3	94	86.2%	10.6%	382	479	102	963	39.7%	49.7%
Band 6	58	9	5	72	80.6%	12.5%	640	167	69	876	73.1%	19.1%
Band 7	64	6	0	70	91.4%	8.6%	376	35	33	444	84.7%	7.9%
Band 8A	38	5	3	46	82.6%	10.9%	101	4	7	112	90.2%	3.6%
Band 8B	24	0	2	26	92.3%	0.0%	18	2	5	25	72.0%	8.0%
Band 8C	15	0	0	15	100.0%	0.0%	5	1	1	7	71.4%	14.3%
Band 8D	5	0	0	5	100.0%	0.0%	9	1	0	10	90.0%	10.0%
Band 9	7	0	0	7	100.0%	0.0%	2	0	0	2	100.0%	0.0%
VSM	5	1	0	6	83.3%	16.7%	1	0	0	1	100.0%	0.0%
Consultant							151	55	42	248	60.9%	22.2%
Non-consultants Career Grade							54	36	12	102	52.9%	35.3%
Trainee Grades							177	120	45	342	51.8%	35.1%
Other							0	0	0	0		
Total	1069	86	64	1219	87.7%	7.1%	2760	1283	413	4456	61.9%	28.8%

Representation in Lower- Upper Banding	BME	White	Unknown
Lower Bands (1-5)	68.00%	54.30%	53.04%
Middle Bands (6-7)	16.00%	29.72%	22.43%
Upper Bands (8a and above)	16.00%	15.98%	24.53%

The national picture 2022

Southwest = Regional data for 2022 – 2023
GWH = Data for 2022 – 2023

As at 31 March 2022, **24.2%** (337,038) of staff working in NHS trusts in England were from a BME background. The total number of BME staff at very senior manager level has increased by 69.7% since 2018 from 201 to 341.	White applicants were **1.54** times more likely to be appointed from shortlisting compared to BME applicants; this is lower than 2021. There has been year-on-year fluctuation but no overall improvement over the past seven years.	BME staff were **1.14** times more likely to enter the formal disciplinary process compared to white staff. This is the same as in 2021.
Southwest: 12.8%	Southwest: 1.82%	Southwest: 1.28%
GWH: 24.1%	GWH: 1.64%	GWH: 1.09%
White staff were **1.12** times more likely to access non-mandatory training & CPD compared to BME staff.	**29.2%** - percentage of staff experienced abuse or harassment from the public, and as many from other staff. The difference is that the abuse or harassment from the public affects both white and BME staff (this varies by region).	**27.6%** – percentage of staff experienced harassment, bullying or abuse from staff in the last 12 months. Abuse or harassment from other staff is mostly a problem of harassment for BME staff (and is seen in all regions).
Southwest: 0.89%	Southwest: 31.3%	Southwest: 27.7%
GWH: 1.04%	GWH: 30.7%	GWH: 27.8%
44.4% of staff from a black background believed their trust provides equal opportunities for career progression or promotion, with levels below those of other ethnic groups since at least 2015, irrespective of gender.	**17.0%** - percentage of staff experiencing discrimination at work from other staff in the last 12 months.	**13.2%** of board members recorded their ethnicity as BME, representing an increase of 38.1% (128 individuals) compared to 2021. This 13.2% BME board membership compares with 24.2% BME staff in NHS trusts.
Southwest: 43.6%	Southwest: 17.9%	Southwest: 8.4%
GWH: 43.6%	GWH: 19.8%	GWH: 12.5%*

4 Our role as an Anchor Institution

The impact the NHS has on people's health extends well beyond its role as a provider of treatment and care. As large employers, purchasers, and capital asset holders, health care organisations are well positioned to use their spending power and resources to address the adverse social, economic and environmental factors that widen inequalities and contribute to poor health.

We have worked with local partners in a number of ways to address the social determinants of health, here are just a few examples:

Harbour Project

Providing volunteering opportunities for refugees. We recently welcomed 15 members of the Harbour Project as hospital volunteers. The Harbour Project in Swindon, which supports people seeking asylum or who have recently been granted refugee status in Swindon. The Harbour Project provides opportunities for those who cannot currently gain employment to do something fulfilling with their time and grow in confidence.

Project Search

Nine students with disabilities will join the Trust in September 2023, where they will gain valuable skills and experiences to help prepare them for employment. Project search is run by New College Swindon and the Trust is hosting the students.

Promoting apprenticeship opportunities

We are working closely with five secondary schools in more deprived areas of Swindon to promote careers and apprenticeship opportunities.

Read more about the NHS's role as an anchor institution here.

Building healthier communities through employment, partnerships, procurement and commissioning, reducing our carbon footprint.

The WRES 'Model Employer' Leadership Strategy

In 2019 NHS England produced a plan for each Trust across the country, titled the WRES 'Model Employer' leadership strategy. The plan sets out an example of a commitment to meet the aspiration to improve BME representation across the workforce and at leadership positions in the NHS, as set out in the NHS Long Term Plan.

Each Trust received a bespoke plan setting out the suggested goal setting trajectory for Bands 6 to VSM BME recruiting. The intention of the Model Employer target is to reflect representation of ethnic minority staff at equal proportions in all AfC pay scales by 2025. The following table contains the suggested trajectory (of 16% of workforce) based on Great Western Hospitals NHS Foundation Trust 2022/23 staff demographics. The target does not include Medical & Dental staff, where the proportions are generally already above our target.

There has been incremental growth across all Bands except 8B and Band 9. Overall we have exceeded our target of 152 staff for Band 6 and achieved our target for Very Senior Managers (VSM). Note, where there are small groups of staff in any category, this will result in a seemingly large swing in the numbers (for example in Band 9, where there was a reduction by 1 staff).

The above target will be reviewed every four years, and is currently linked to the percentage of BME staff as at the 2020-2021 level.

2023	Total Staff	BME Staff (Actual)	BME target 16% by 2025	Gap	% Actual 2022/23	Movement since 2021/22
Band 6	948	176	152	+ 24	19%	↑ 3%
Band 7	514	41	82	- 41	8%	↑ 1%
Band 8A	158	9	25	- 16	6%	↑ 2%
Band 8B	51	2	8	- 6	4%	↓ 2%
Band 8C	22	1	4	- 3	5%	↑ 1%
Band 8D	15	1	2	- 1	7%	↑ 7%
Band 9	9	0	1	- 1	0%	↓ 18%*
VSM	7	1	1	0	14%	↔ 0%
Total	1724	231	276		13%	↑ 1%

1 Indicator 2: Recruitment

White candidates are relatively 1.64x more likely to be appointed from shortlisting.

During the year 2278 candidates from an ethnic minority background were shortlisted following a job application, and 155 (6.8%) were appointed. During the same period 3127 White candidates were shortlisted and 349 (11.2%) appointed.

252 candidates who applied for roles did not declare their status, 50 (19.8%) people from this group were appointed. Reducing the level of non-disclosure will help the Trust to build a more accurate profile of our job applicants and understand the impact of the platforms we use to advertise jobs. The Trust will continue to encourage applicants to provide this information and we will continue to find diverse routes to promote vacancies to all ethnic backgrounds.

Relative likelihood of white staff compared to BME staff being appointed from shortlisting across all posts

If ethnic minority candidates were equally as likely to be appointed from shortlisting as white candidates, the figure would be 1. National average for 2021/22 (latest figures) was 1.54.

Year	Relative Likelihood
2018/19	1.46
2019/20	1.59
2020/21	1.13
2021/22	1.37
2022/23	1.64

The Trust has taken steps to diversify where we advertise jobs and standardised adverts to ensure applicants from under-represented groups feel welcomed and we have also introduced training for recruiting managers to address bias in the interview room; and you can read more about our improvements on the next page.

What action are we taking

The Trust will continue to promote the need to share demographic information, 20% of applicants were of unknown ethnicity. We will also work at a wider system level to address issues with recruitment and implement the national NHS equality, diversity, and inclusion improvement plan – High Impact Action 1: Embed fair and inclusive recruitment processes and talent management strategies.

1 Inclusion Recruitment Champions

The Trust has launched a one year pilot for Inclusion Recruitment Champions (IRCs). IRCs will help the Trust to improve senior leadership representation (8A and above) over time, by helping the interview panel to identify unconscious bias and apply good practice to the interview process. IRCs will be a critical friend to the panel, an ally to all candidates and champion fairness and equity.

We will provide training and support to get our IRCs off to a flying start. IRCs do not need to have prior interview experience and it is open to staff from any banding. Benefits of the panel include enabling the Trust to:

- Show a commitment to inclusive recruitment
- Reduce the opportunity for bias in the recruitment process
- Reduce the 'stereotype' threat experienced by ethnic minority candidates when interviewed by majority identity recruiting panel members
- Help the Trust to address the shortlisting to appointment disparity highlighted in this report

Staff networks

The Trust has four staff networks; Differently Abled Network, Race Equality Network, LGBTQ+ Network and the Women's Network. The networks host meetings for their members, raise awareness in the organisation, provide advice and guidance on a number of issues and sit on the organisation's strategic EDI group which is chaired by the Trust's CEO.

The Trust also has an Armed Forces Network for staff who are serving within the Armed Forces, are veterans, or have a family member in the Armed Forces. Armed Forces personnel are not a protected characteristic but face unique challenges that can lead to health inequalities. We're committed to improving NHS care for veterans, reservists, members of the armed forces and their families and provide job opportunities for reservists and veterans.

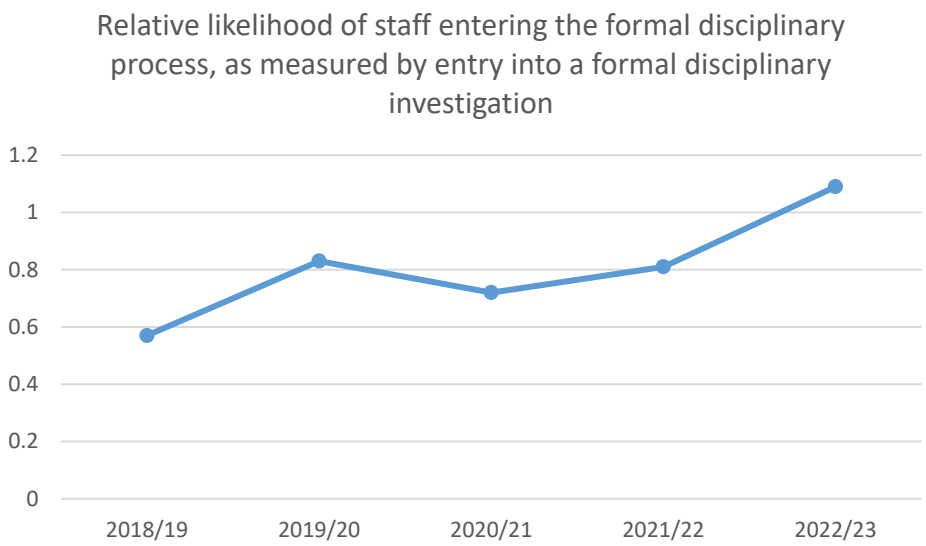
All networks welcome Allies who might not share the same protected characteristic or experience as those with lived experience.

Indicator 3: Formal disciplinary process

Ethnic minority staff are no more likely to enter a formal disciplinary process than white staff. Although the number has increased from -0.81 to 1.09 times more likely to enter a disciplinary process, this remains close to parity between ethnic minority and White staff (a figure of 1, would equal parity).

The Trust will however continue to promote fairness and are embedding the Restorative Just Learning Culture approach across the Trust in 2023-24 which will benefit all staff irrespective of cultural background. This will ensure staff we move away from punitive behaviour to embedding a culture of restoration and learning from mistakes. The Trust is also training a small group of Cultural Ambassadors who will support the disciplinary process and share good practice with staff, where cultural difference might have an impact, so they can address issues 'down stream' to reduce the likelihood of issues escalating.

National average 2021/22 1.14.

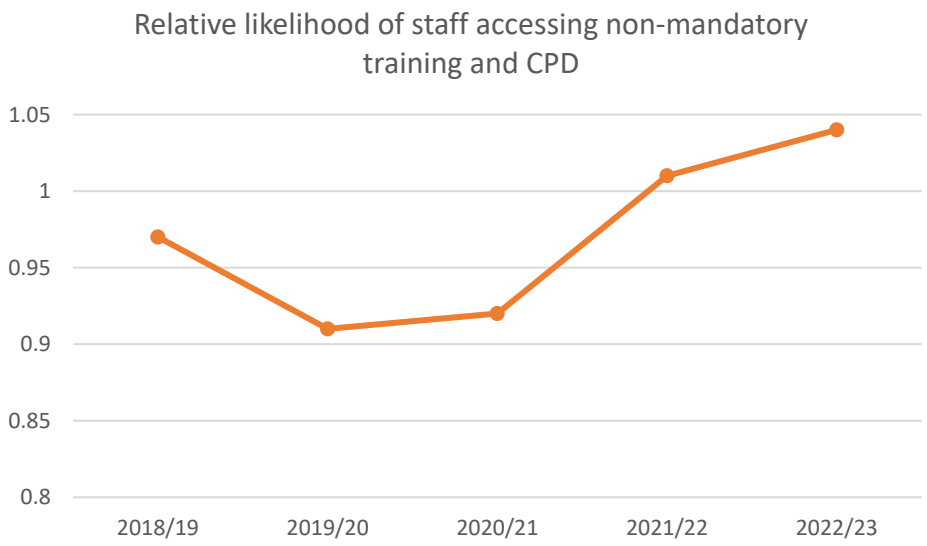


Indicator 4: Non-mandatory training

The data indicates BME staff are just as likely to access non-mandatory training as white staff. Although white staff are 1.04 times more likely to access training, a slight increase from last year's 1.01, this remains close to parity between BME and white staff.

The Trust will however continue to promote training opportunities widely and monitor access throughout the year to ensure that this remains equitable.

National average 2021/22 1.12.



6 Indicator 5: Harassment, bullying or abuse from patients, relatives & public

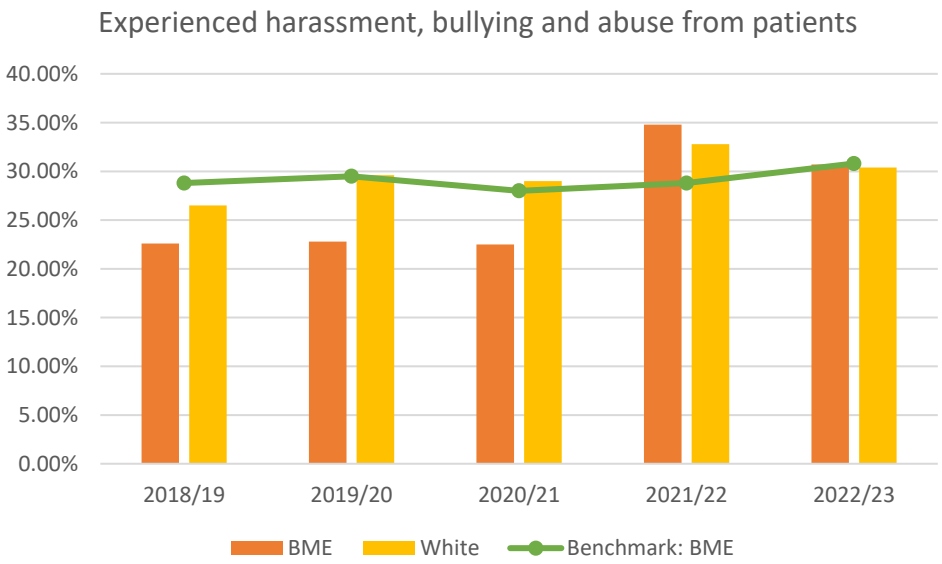
Great Western Hospitals NHS Foundation Trust

30.7% of ethnic minority staff have experienced harassment, bullying and abuse from patients, their relatives or members of the public. White staff have a similar experience, 30.4% of white staff have experienced the same. The level of reporting increased from 2018 to 2020/21 when the figure was relatively static at 22% and rose sharply in 2021/22 to 34.8%, and this has reduced to 30.7% this year. The Trust is reflective of its benchmark figure for ethnic minority staff which is 30.8% but above our benchmark of 26.9% for white staff.

The Trust has a bullying and harassment policy and will continue to promote this and provide advice and guidance for staff and managers who are patient facing. The Trust's EDI Lead, EDI Lead Nurse and Security Management Specialist meet quarterly to monitor any reported data and take action as necessary, including providing advice and guidance to staff. In addition, the Trust has a comprehensive staff and wellbeing offer which includes Mental Health First Aid and access to other support for staff who have had a traumatic experience or simply need to talk.

The Trust will promote resources to help staff understand routes to support including mental health first aiders, Freedom to Speak Up Guardians, union representatives, line managers and utilisation of the Trust's reporting system (Datix).

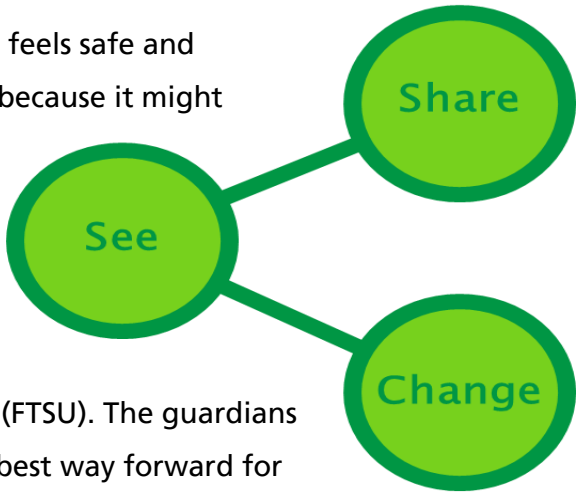
The national average for BME staff is 29.2% and white staff 27.0%.



The green line in the chart represents the benchmark average. This average differs from the national picture which reflects all participating NHS organisations.

6 Freedom to Speak Up Guardians

We aim to ensure everyone working within the Trust feels safe and confident to speak up. When a concern feels serious because it might affect patients, people receiving care, colleagues or the whole organisation, it can be difficult to know what to do, therefore having someone to turn is important to our staff and leadership.



The Trust has seven Freedom to Speak Up Guardians (FTSU). The guardians listen to staff concerns, support them and agree the best way forward for their concerns.

They can also act as an escalation point for people who want to speak up, have concerns, including those who have been unable to raise the issue through usual line management channels or have felt their concerns at this level have not been acted on.

In addition, the Trust provides Speak Up: Core training for all workers including volunteers, students and those in training, regardless of their contract terms and covers what speaking up is and why it matters. It helps learners understand how to speak up and what to expect when they do. There is separate training for line managers and leaders which is more focussed on listening up and the barriers that can get in the way of speaking up and there are a number resources available to staff on the Trust's Intranet.

6

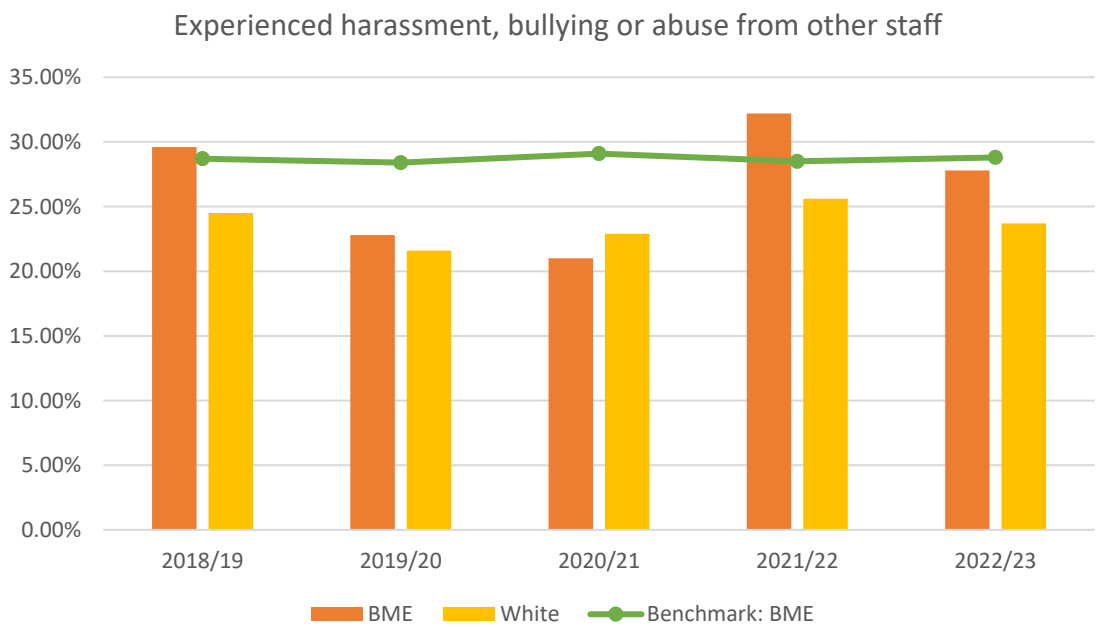
Indicator 6: Harassment, bullying or abuse from colleagues

27.8% of BME staff have experienced harassment, bullying and abuse from colleagues. In comparison 23.7% of White staff have experienced harassment, bullying and abuse from other colleagues.

Similar to harassment, bullying and abuse from patients, the level of reporting increased markedly in 2020/21 from 21% to 32% the following year – the downward trend this year (2022/23) is a positive sign. As stated previously, the Trust has a policy for harassment, bullying and abuse, and will continue to actively promote this. In addition, the Trust has a comprehensive staff and wellbeing offer which includes Mental Health First Aid and access to other support for staff who have had a traumatic experience or simply need to talk and our staff networks and trained mediators actively support staff. In 2022/23 key staff will complete Cultural Competence related training to enable in-house delivery and we will continue to promote speaking up.

The Trust is just below its benchmark average of 28.8% for ethnic minority staff and reflective of its benchmark average of 23.3% for White staff.

The national average for BME staff is 27.6% and for white staff 22.5%.



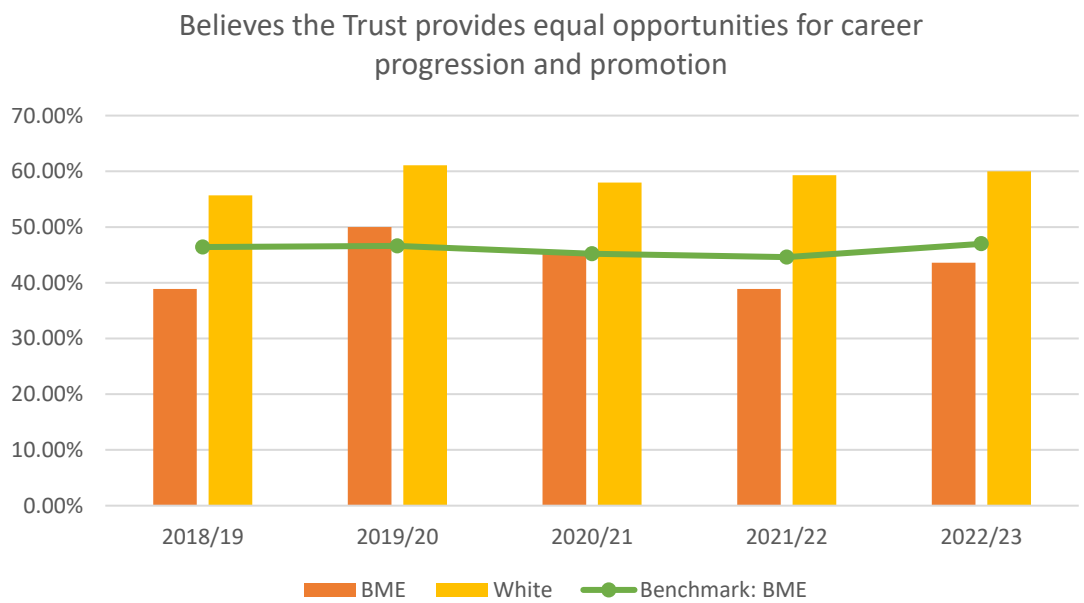
2 Indicator 7: Career progression

A lower percentage of ethnic minority staff (43.6%) felt they had equal opportunities for career progression or promotion, when compared to White staff (60%).

There is a marked decrease from the 2019/20 percentage of 50%, to 45.7% in 2020/21, 38.9% in 2021/22 and 43.6% this year, close to the national average. The Trust has increased the availability of leadership training and development, including programmes for ethnic minority staff; improved its internal recruitment processes to ensure consistency and fairness and provide robust guidance for recruiting managers to follow. In the coming year, leadership training will also be made available to consultant doctors and Band 2 and 3 staff.

The Trust is below its benchmark average of 47% for ethnic minority staff and above its benchmark average of 58.6% for White staff.

The national average for BME staff is 44.4% and White staff 58.7%.

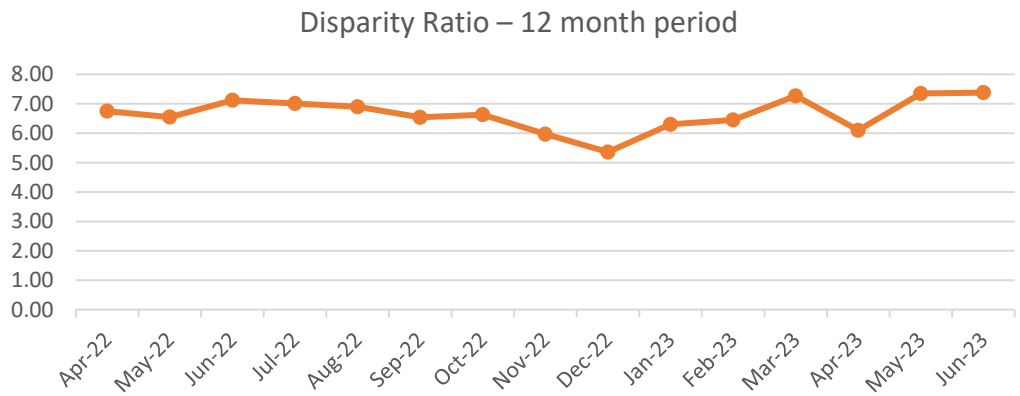


Disparity ratio

The Trust is committed to having a workforce that is fairly representative at every level of the organisation. As highlighted throughout this report, we are making incremental progress over the past year. Under an initiative to monitor the trend more closely, we have used our workforce data to calculate a 'Disparity Ratio' the ratio indicates the differences in progression between white people and those from an ethnic minority background through the ranks of the Trust. This provides an indication of the likelihood of progression.

The average Disparity Ratio over a 12-month period between April 2022 and March 2023 was 6.57, indicating that White staff are 6.57 times more likely to progress from the lowest bands to the highest bands.

Lower to Higher National average: Clinical 2.34, Non-clinical 1.25



Ethnic minority staff increased by 238, an increase of 21% (1131 to 1369), but the shortlisting to appointment disparity still exists. Most BME staff are employed in clinical roles, and in Bands 1 to 5. The Trust is piloting a BME leadership programme and all staff have access to CPD training to develop skills to advance their career.

What action are we taking

The Trust is standardising interview questions and piloting Inclusion Recruitment Champions to sit on interview panels for 8A and above roles and we will continue to offer leadership development training. Please see Action Plan for further information.

Supporting our Internationally Educated Nurses (IENs)

The NHS has a long history of welcoming internationally educated staff to join its diverse workforce since its inception in 1948. The tradition continues to this day and we were delighted to mark the 75th anniversary of the NHS and the Empire Windrush's maiden voyage in July 2023 at the Trust. Our internationally educated staff remain a vital part of our workforce as the NHS continues to experience staff shortages and we can also benefit from the experience and insights they bring from their native lands help us to deliver services to our local communities.

IENs receive role-specific training, CPD training and access to a bespoke 12-month leadership programme

Health and Wellbeing resources available, including Mental Health First Aiders, Health & Wellbeing Champions and access to external support and Occupational Health

Regular engagement with IENs including celebratory event marking the 400th IEN to join the Trust and Storytelling event

Pastoral care provided to help IENs settle into the UK and the working life of the Trust including drop-in sessions and access to the Race Equality Network (staff network)

IENs helped to be 'interview ready' with practice mock interviews, CV preparation and application writing skills

Support to understand the role of the NMC and the IEN's duties and Code of Conduct

According to the Nursing Midwifery Council (NMC), their data showed there was a big rise in the number of professionals joining the register for the first time last year and almost half, 23,444, had trained outside the UK. That equates to 135 percent more than the previous year's 9,962 international joiners. The NMC have also highlighted the need for increased support for IENs who have a short period of time to settle into their role, sit relevant exams, find long-term accommodation and meet the needs of loved ones they have left behind and family who have joined them in Swindon. In addition, like many minoritized groups, they face discrimination, harassment, bullying and abuse, and a lack of career progression.

The Trust recognises the need to provide ongoing pastoral support and bespoke onboarding for our IENs and we have highlighted a range of initiatives in the boxes opposite. We are keen to develop support further including support through Scope for Growth conversations* and access to Reciprocal Mentoring and bespoke EDI training to help them to navigate a new culture.

We also recognise the need to create a welcoming environment for IENs and recently hosted a Change the Narrative Storytelling event, IENs attended as storytellers and share their lived experience with a view to raising awareness, addressing stereotypes and fostering relationships between different cultural groups. A small group of line managers were also invited to trial 'Cultural Awareness training for line managers of Internationally Educated Nurses'.

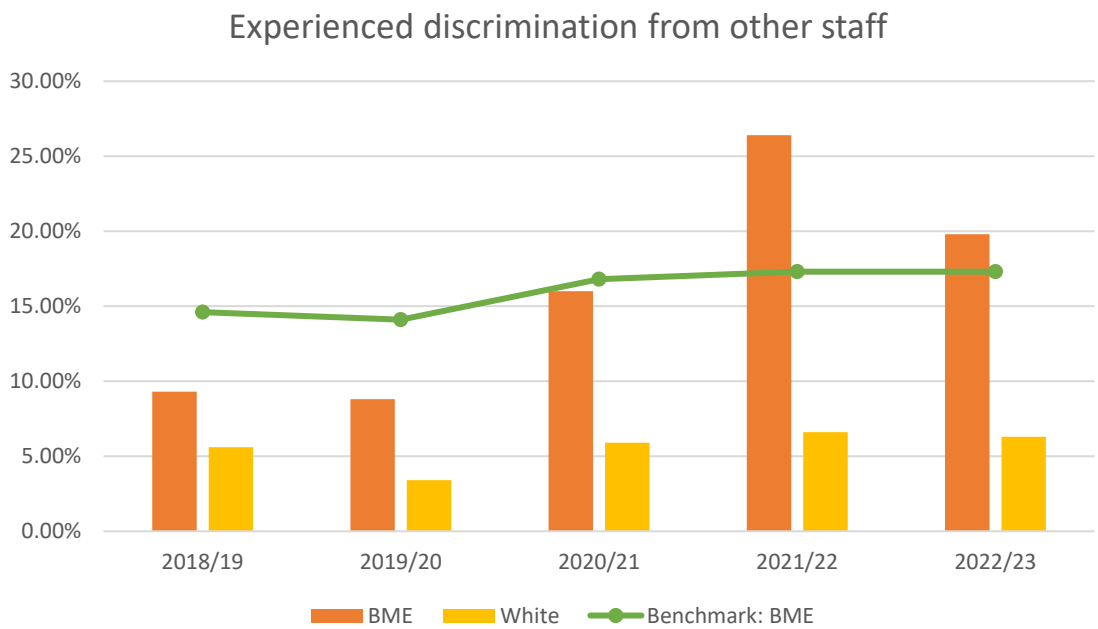
*Scope for Growth is a new career conversation tool. It puts colleagues in the driving seat of their career development and it is designed to promote an inclusive career conversations.

6 Indicator 8: Discrimination at work

19.8% of BME staff have experienced discrimination from another manager, team leader or colleague, compared to 6.3% of White staff. This is a marked improvement from last year's figure (26.4%) but remains above the national average of 17% for BME staff. The Trust is above its benchmark average for BME staff of 17.3% and closely reflects its benchmark average for White staff, 6.5%.

The Trust is committed to reduce discrimination across its workforce and reduce the disparity between BME staff and White staff. During June and July 2023 the Trust is engaging with its workforce to understand the lived experience of staff and will use this quantitative evidence to develop actions to address discrimination and this will have a positive effect on other metrics in the NHS Staff Survey including harassment, bullying and abuse; the Trust's EDI score and potentially recommending the Trust as a place to work and receive treatment.

The national average for BME staff is 17% and White staff 6.8%.



Breakthrough pillar metric 2023/24: The Trust will focus on addressing discrimination during the year, this will include engaging with staff and developing an action plan in response to their needs.

6 Combatting racial discrimination against minority ethnic nurses, midwives and nursing associates

Great Western Hospitals NHS Foundation Trust

Our frontline staff face discrimination and racism from patients and colleagues and this experience will impact morale, their health and wellbeing and ultimately patient care. Staff have told us that discrimination is rarely covert and they are more likely to face overt and subtle forms of discrimination and racism like incivility, being excluded from conversations, not being given opportunities or punitive behaviour from colleagues. The Trust is keen to address discrimination and racism and we have a bullying and harassment policy which we will continue to promote.

The NHS has a legal duty under the Equality Act 2010 to eliminate unlawful discrimination, in response to this, the NMC have recently launched a toolkit, which can be accessed here. The resource is firmly rooted in the NMC professional Code and it is designed to support nurses, midwives and nursing associates by providing advice on the action they can take should they witness or experience racism. It also supports those in leadership roles to be inclusive leaders and those leading anti-racism. The diagram below highlights the four key areas that make up the nursing and midwifery anti-racism resource framework – authentic inclusion, challenging racism, challenging leadership and caring and belonging.

The EDI Lead and EDI Nurse Lead will actively promote the toolkit by visiting wards to raise awareness during the autumn of 2023 and learning from this resource will be embedded in existing anti-discrimination training.

1

Indicator 9: Board representation

Our data indicates that there are two board members from an ethnic minority background – one executive member and one non-executive member. One ethnic minority board member is a voting member.

During the year 2022/23 the Trust had 16 Board members – comprising of 15 voting members and one non-voting members; eight of these board members are Execs and eight Non-Execs.

The Board has recently recruited new Non-Executive Directors and an increased effort was made to attract a diverse range of candidates.

2022/23 Board Membership

	Total	Voting	Non-Voting	Exec	Non-Exec	Overall workforce
White	87.5%	93.3%	0%	87.5%	87.5%	67.5%
BME	12.5%	6.7%	100%	12.5%	12.5%	24.1%
Unknown	0.0%	0.0%	0.0%	0.0%	0.0%	8.4%

Medical Workforce Race Equality Standard (MWRES)

There are eleven MWRES indicators overall and some of the indicators have subsections.

The indicators present data on Workforce ethnicity composition, Career Progression, Rewards and Staff feedback. Four of the indicators focus on workforce data, six are based on data from the national NHS Staff Survey questions, one indicator focuses upon BME representation on boards in Royal and Other Medical Colleges and one indicator focuses on BME representation as Deans of Medical Schools. The MWRES highlights any differences between the experience and treatment of white medical staff and BME medical staff in the NHS with a view to organisations closing those gaps through the development and implementation of action plans focused upon continuous improvement over time.

Trusts are only required to submit data for Indicators 1a, 1b, and 2:

- Percentage of ethnic minority and White staff in each medical and dental sub-group in NHS trusts (headcounts for Medical Directors and Clinical Directors only)
- The number of staff eligible for, who applied for, and who were awarded a Clinical Excellence Award, disaggregated by ethnicity (based on the financial year)
- Consultant recruitment – the number of candidates who applied for a consultant post; the number of these candidates shortlisted for a consultant post and the number of these candidates appointed to a consultant post.

Indicator 1a: Representation in medical & dental staff

There were no ethnic minority clinical or medical directors employed at the Trust as at 31 March 2023. National average clinical director roles (2020) – 68.6% White, 26.4% ethnic minority; national average medical director roles 73.6% White, 20.3% ethnic minority.

2022/23 there were 248 consultants – 151 are White (60.9%), 55 from an ethnic minority background (22.2%) and 42 with unknown ethnicity (16.9%). The number of ethnic minority consultants has increased each year over the past four years, from 46 (20.2%) in 2019/20 to 55 (22.2%) and is fairly representative of the wider workforce (24.1%).

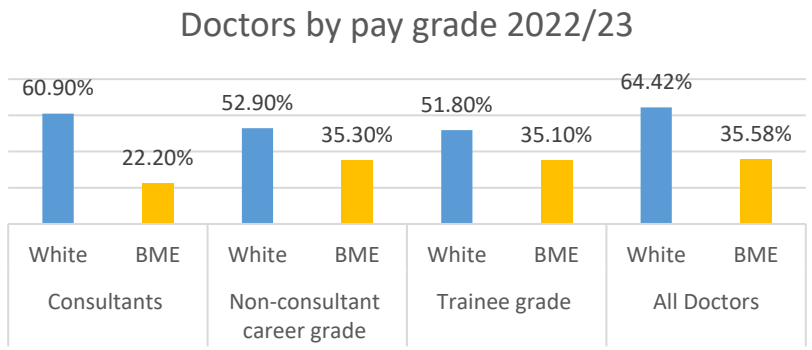
In the same period, 2022/23, there were 102 non-consultant career grade doctors, 54 white (52.9%) and 36 ethnic minority (35.35%), the number of ethnic minority doctors at this grade has steadily increased, with one dip in numbers in 2021/22 which has since recovered. The percentages for trainee grade doctors was similar, there were 342 trainee grade doctors, 35.3% White and 51.8% ethnic minority.

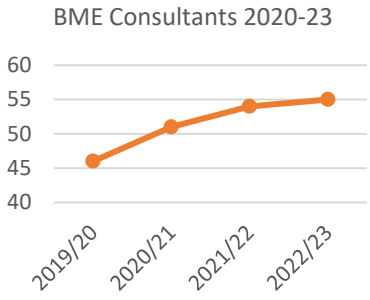
The level of consultants with unknown ethnicity has remained fairly static at around 16%-17%. As stated previously, reducing the number of staff who have not disclosed their status (unknown) would help to build a more accurate picture. The Trust will continue to encourage staff to update their records.

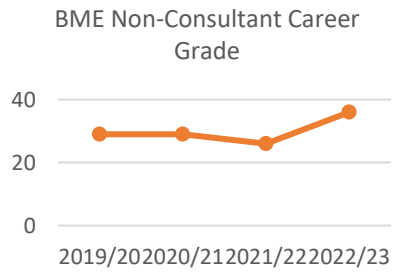
The Trust has two working groups, the Medical Remuneration Task & Finish Group and the Medical Staff Support Group, who address issues including remuneration, safe working, health and wellbeing and education.

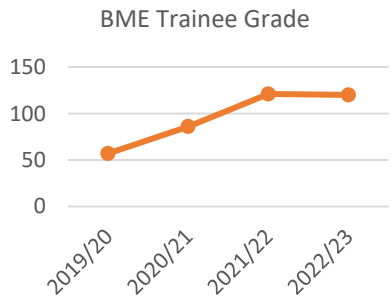
The charts overleaf show the number of staff in each medical and dental sub group, disaggregated by ethnicity, based on the workforce as of 31 March 2023.

	Clinical directors headcount (percentage)			Medical directors headcount (percentage)		
Year	White	BME	Unknown	White	BME	Unknown
2023	2 (100%)			1 (100%)		









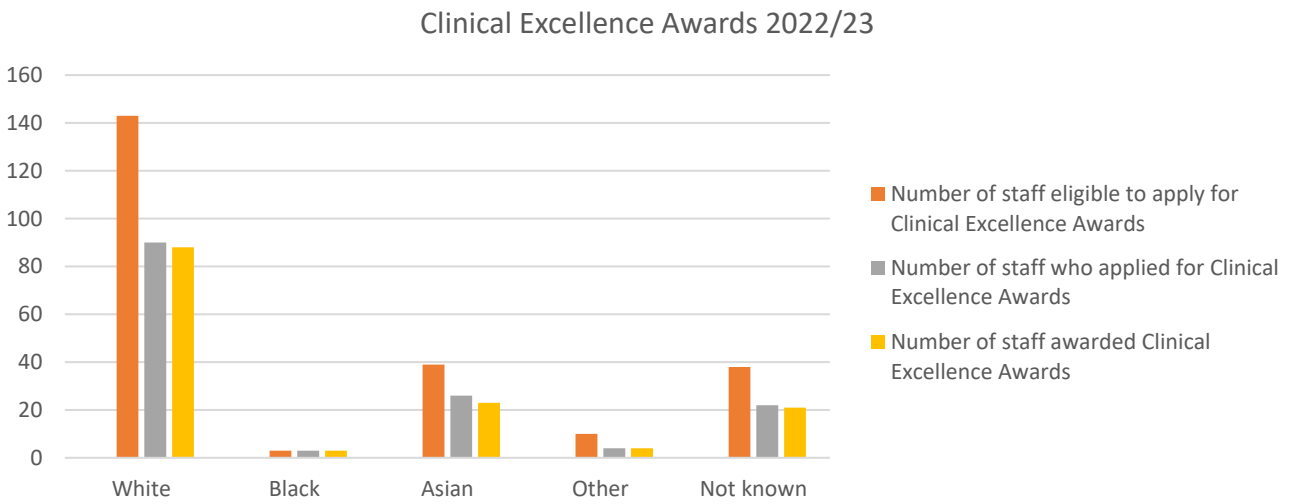
3 Indicator 1b: Clinical awards

233 staff were eligible to apply for a clinical excellence award, 143 White (61.37%), 3 Black (1.29%), 39 Asian (16.74%), 10 other (4.29%) and 38 unknown (16.31%). Of those eligible 145 applied for awards and 139 were successful.

23 or the 26 Asian applicants (88.46%) received a Clinical Excellence Award; 3 Black applicants applied and all were successful (100%)., the 'other' group had the same success rate, 4 applied and 4 were successful.

Under the current action plan for the 2023 Gender Pay Gap report, the Trust is to review national CEAs and extend the criteria for 2023/24 awards, this will benefit all consultants including ethnic minority staff. The 2023 report can be found online here.

Clinical Excellence Awards are reported in our Gender Pay Gap report annually. The next Gender Pay Gap report, which will include the ethnicity pay gap (snapshot date 31.03.23) will be published by 31 March 2024.



	White	Black	Asian	Other	Not known	Total
Number of staff eligible to apply for Clinical Excellence Awards	143 (61.37%)	3 (1.29%)	39 (16.74%)	10 (4.29%)	38 (16.31%)	233 (100.00%)
Number of staff who applied for Clinical Excellence Awards	90 (62.07%)	3 (2.07%)	26 (17.93%)	4 (2.76%)	22 (15.17%)	145 (100.00%)
Number of staff awarded Clinical Excellence Awards	88 (63.31%)	3 (2.16%)	23 (16.55%)	4 (2.88%)	21 (15.11%)	139 (100.00%)
Percentage of applicants awarded	97.78%	100.00%	88.46%	100.00%	95.45%	

2 Indicator 2: Recruitment

There were 206 applicants for consultant roles, 93 (45%) had ethnic minority backgrounds (Black, Asian and other).

When the shortlisting to appointment ratio is calculated, Asian and 'Other' ethnic minority candidates are less likely to be appointed than White candidates; however there are fewer Black candidates.

Like in other Indicators in this report, the number of applicants with unknown ethnicity is high, reducing this figure will help the Trust to build a more accurate picture of representation. The Trust will continue to encourage applicants to disclose their ethnicity. The Trust has done more to increase the diversity of our job applicants and we will continue to review the channels we use to promote roles and in line with the national NHS EDI Improvement plan, we will continue to explore improving our recruitment processes.

Consultant recruitment disaggregated by ethnicity, based on the financial year as at 31 March 2023:

	White	Black	Asian	Other	Not known
Number of applicants	49	12	62	19	64
Number shortlisted	31	5	13	7	3
Number appointed	23	5	7	4	3
% appointed from shortlisting	74.2%	100.0%	53.8%	57.1%	100.0%
Shortlisting to appointment ratio of White Consultants		0.74	1.38	1.30	

Bank Workforce Race Equality Standard (BWRES)

The Bank WRES is a bespoke development of indicators that are set against key areas of the People Promise and People Plan for this large part of our workforce. For the purpose of this report, NHS bank workers are those who choose to work solely in the NHS on a casual contract; although bank staff are a relatively small part of our workforce, when analysed nationally, bank workers constitute a sizeable proportion of the NHS's overall workforce and it is therefore important to understand more about their working life experience.

The NHS is bound by the Public Sector Equality Duty (PSED) to give due regard to eliminate unlawful discrimination, advance equality of opportunity and encourage good relations for all members of our workforce, regardless of terms of employment. The Trust has therefore completed the Bank WRES for the first time this year and will consider how it can address any disparities experienced by our bank staff in our EDI action plan. Data collection in subsequent years will enable us to benchmark against previous years and other NHS organisations.

The aim of the bank WRES is to understand how ethnicity, gender along with contract type intersects with the experience for this part of the NHS workforce.

The following metrics are included in the Bank WRES:

- Indicator 1: Percentage of *active workers by ethnic group and gender across key grades and staff groups.
- Indicator 2: Relative likelihood of bank workers entering a formal disciplinary process by ethnic group in the last 12 months.
- Indicator 3: The number of dismissals by ethnic grouping for bank workers over a 12 month period (conduct and capability cases only)

*Active NHS Bank Workers (refers to individuals who solely hold a NHS zero hours contract who have undertaken work/paid training within a 6 month period prior to an agreed date).

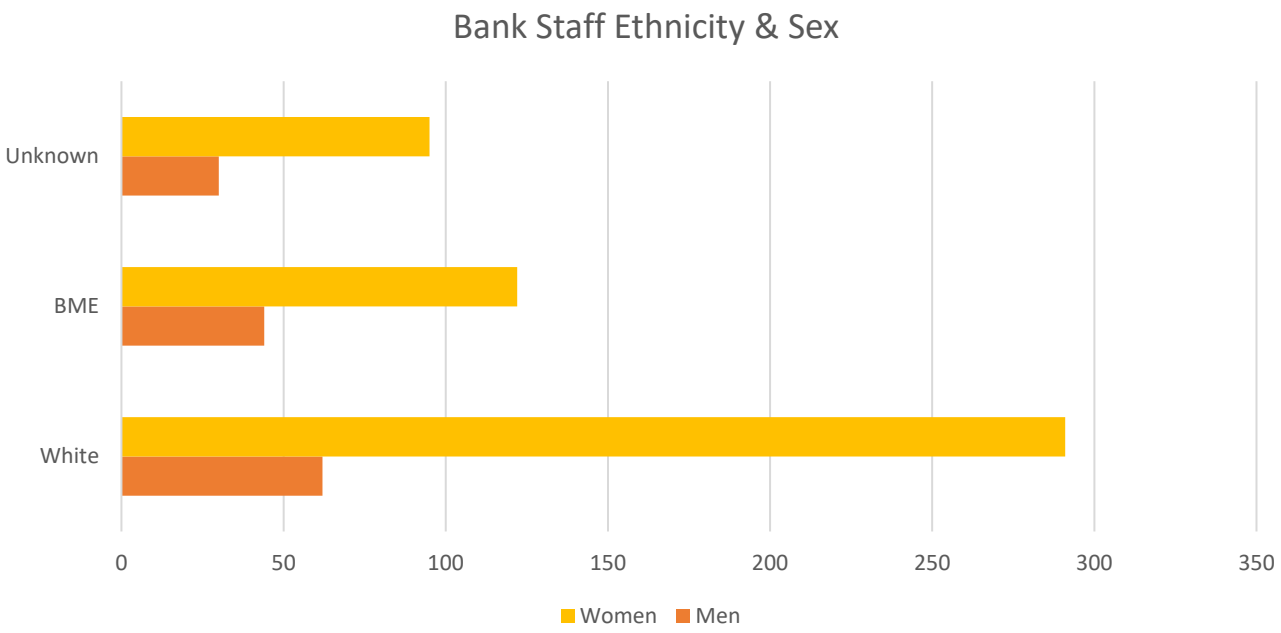
26% of bank staff are from an ethnic minority background, 55% are White and 19% of bank staff are of unknown ethnicity.

21% of bank staff are male and 79% female, and is broadly representative of the Trust, where the gender split across the workforce as a whole is 18% male and 82% female (2021-22 Gender Pay Gap Report).

The ethnic make-up of male and female staff is:

	Men	Women	Men %	Women %
White	62	291	46%	57%
BME	44	122	32%	24%
Unknown	30	95	22%	19%
Total	**136**	**508**	**644**	

The data indicates that representation is reflective of the wider workforce (24% BME). However, a large portion of staff are of unknown ethnicity – 19% of all bank staff. The Trust will take steps to reduce this level as improving the data might highlight areas that require action to address any inequalities.



Indicator 2: Relative likelihood of bank workers entering a formal disciplinary process by ethnic group in the last 12 months

Three bank staff have entered the formal disciplinary process in the last 12 months (including externally provided bank workers). One member of bank staff was White-any other background; one mixed ethnicity-White and Black Caribbean and the third is of unknown ethnicity.

	White - Any other White background	White and Black Caribbean	Not stated
Number of bank workers entering the formal disciplinary process in the last 12 months (including externally provided bank workers)	**1**	**1**	**1**

Indicator 3: The number of dismissals by ethnic grouping for bank workers over a 12-month period (conduct and capability cases only)

No bank staff faced dismissal over the twelve month period 1 April 2022 to 31 March 2023.

Conclusion

We have worked hard to make progress which is evident in the significant and positive change in direction of 5 metrics, some of the work that has led to this positive change is highlighted throughout this report. There has been a slight decrease in one metric (shortlisting to appointment). The Medical RES highlighted a need to continue to make efforts to advertise roles widely to ensure we attract a diverse candidate pool and we must take steps to reduce the shortlisting to appointment differences in the WRES, MRES and the WDES. There were no significant issues in the Bank WRES.

We acknowledge the slow progress in some areas of the WRES and we will continue to work towards reducing the differences of experience between our ethnic minority staff and White staff; during the year 2023-2024 the Trust will initiate a number of programmes and activities that will build on the improvements made so far and address areas where we have made slow progress and start to respond to the national NHS EDI Improvement Plan.

To accomplish this, we will continue to engage with our staff to understand their lived experience and provide a voice for staff to influence the decisions we make that affect them through staff networks and other channels; take positive action to improve equitable access to opportunities – including reviewing the recruitment process and piloting Inclusion Recruitment Champions; address discrimination in all its forms, which is or breakthrough metric for the year and support staff to challenge poor behaviour. We will also support staff to speak up when they experience or see behaviours that are contrary to the Trust values. Our Allyship programme launching in September 2023 is vital to this work, if we are to impact an organisation of this size, we need staff across the Trust to be part of this transformation.

We are delighted to adopt and embed the Restorative Just Learning Culture approach over the coming months and introduce Cultural Ambassadors and launch our Leadership Behaviours, all of which will positively impact behaviours, policy, practice and culture in the Trust. To help to align our efforts across the Trust, an EDI framework has been designed which will help our teams of staff to work together towards a common aim.

We end this report by inviting our leaders, staff, governors, volunteers and patients to stand with us to build an inclusive workplace culture and to reduce health disparities in our workforce and population.

If you would like to explore how you can get involved in our EDI work contact our EDI Lead sharon.woma@nhs.net.

An action plan that sets out our ambition for the year ahead follows overleaf

WRES action plan 2023 – 2024

Category Key action	Key Action	Steps to achieve action	Due by	Desired outcome
Health & Wellbeing	Reduce discrimination, bullying, harassment and abuse in the workforce	Equity data walk – engage with staff to explore their lived experience and take action to support positive change based on findings Promote the NMC 'Combatting Racial Discrimination' toolkit	Nov 2023	• Improved Indicator 8: Experiencing discrimination at work from staff
		Launch Allyship programme – Promote everyday allyship and build a programme for volunteers to encourage staff to advocate for others and to challenge behaviour that is not in line with Trust values Re-launch of Reciprocal Mentoring programme	Sep 2023	• Improved Indicator 6: harassment, bullying or abuse from managers and colleagues • Improved Indicator 8: Experiencing discrimination at work from staff
		EDI Masterclass Series to be developed in-house to improve cultural competence and raise awareness around key issues including 'making adequate adjustments', training to be aligned with 'Civility', 'Restorative Just Learning Culture' and 'Improving Together' approaches to ensure a consistent message is delivered	Nov 2023	
		Embed NMC anti-discrimination framework into existing EDI training	Sep 2023	• Improved Indicator 8: Experiencing discrimination at work from staff
	Reduce discrimination, bullying, harassment and abuse from patients, relatives or the public	Revise and relaunch campaign to promote bullying and harassment and encourage civility and respect towards staff	Oct 2023	• Improved Indicator 5: harassment, bullying or abuse from patients, their family or the public

Category Key action	Key Action	Steps to achieve action	Due by	Desired outcome
Health & Wellbeing	Increase Health & Wellbeing Services	Deliver a new 4-hour training package for line managers - 'Mental Health Skills for Managers'	Oct 2023	• Other – Equality Delivery System: Health and Wellbeing of staff
		Health & Wellbeing (HWB) conversations to be added to the Electronic Staff Record system to improve the recording of this data and to facilitate HWB conversations	Aug 2023	
		Provide in-reach physical health checks available for all staff – to include cholesterol, blood sugar levels and provide general advice	Ongoing	
	Pilot Cultural Ambassadors	Train and support a small group of Cultural Ambassadors to act as an independent voice in the disciplinary process and to share good practice across the Trust, reducing likelihood of 'no case to answer' incidences which cause harm to staff and organisation	Aug 2023	• Improved Indicator 3: Relative likelihood of staff entering the formal disciplinary process
Progression & Development	Inclusive Leadership training	GWH managers and leaders to participate in system-wide leadership training, training opportunity actively promoted to minoritized staff	Sep 2023 (cohort 2)	• Improved Indicator 7: improve perceptions around 'equal opportunities'
	Host EDI Conference	EDI conference to be hosted by Trust to support leaders to understand how to lead 'Inclusion' in their work areas, to manage cultural change and support an increasingly diverse workforce	Jan 2024	• Support overall improvement across all aspects of EDI
Equal opportunities	Reduce shortlisting to appointment disparity	Launch Inclusion Recruitment Champions programme in June 2023. Volunteer champions will be trained in August and will be available to support interviews for Band 8A above roles	Jun 2023	• Improved Indicator 1: Workforce representation • Improved Indicator 2: Relative likelihood of being appointed from shortlisting

Category Key action	Key Action	Steps to achieve action	Due by	Desired outcome
Equal opportunities	Expand Scope for Growth Conversations	Promote Scope for Growth (Career) Conversations to ethnic minority staff including Internationally Educated Nurses	Nov 2023	• Improved Indicator 1: Workforce representation
	Work experience placements	Provide work experience placements for young people with special education needs and those not in education and employment	Aug 2023	• Improved Indicator 1: Workforce representation
	Apprenticeships	Promote apprenticeship opportunities to students from deprived areas	Ongoing	• Improved Indicator 1: Workforce representation
	NHS Cadets scheme	Working with NHS Cadets, a new scheme designed to provide 14-16-year-olds from under-represented communities with opportunities to explore voluntary work and careers with the NHS, providing one year of vital hands-on work experience in a wide range of roles. There are both clinical and non-clinical opportunities	Ongoing	• Improved Indicator 1: Workforce representation
	New College Swindon partnership	Trust to commence programme with New College Swindon and Swindon Borough Council in Oct 23, supporting young adults from disadvantaged areas of Swindon, looked after children and young carers. This would be an additional development programme supporting them into an apprenticeship.	Oct 2023	• Improved Indicator 1: Workforce representation
	Project Search scheme	Trust to initiate Project Search – national programme providing work experience opportunities for young adults within the SEND community.	Sep 2023	• Improved Indicator 1: Workforce representation
Inclusive Leadership	EDI to be embedded in all in-house leadership training	• EDI Lead and Organisational Development (OD) Leads to review and revise all internal leadership training • Embed the EDI framework in leadership training and promote across the Trust	Sep 2023	• Support overall improvement across all aspects of EDI

Category Key action	Key Action	Steps to achieve action	Due by	Desired outcome
Inclusive Leadership	Set Board objectives	Board to develop collective and individual EDI objectives linked to their appraisal. This will align with the national High Impact Action 1.	Mar 2024	• Support overall improvement across all aspects of EDI
Workforce engagement	Support staff networks to deliver a range of initiatives	EDI function to support staff networks across a range of initiatives including events and learning opportunities	Ongoing	• Support overall improvement across all aspects of EDI
	Deliver a series of Workforce Listening Events	Host a series of 'Change the Narrative' Storytelling events throughout the year to help to raise awareness and to challenge stereotypes	Ongoing	• Support overall improvement across all aspects of EDI • Improved Indicator 6: harassment, bullying or abuse from managers and colleagues
	Provide access to regular EDI support across workforce	Launch 'Inclusion Café' to provide an opportunity for staff to regularly engage with EDI Lead, the café will be a forum for bite-size learning, support and advice and guidance		• Support overall improvement across all aspects of EDI
	Embed Restorative Just Learning Culture	Understand further the national tool and pilot in three areas with a view to using this across the whole organisation Communications, training and support to embed RJLC	Ongoing	• Support overall improvement across all aspects of EDI • Improved Indicator 6: harassment, bullying or abuse from managers and colleagues • Improved Indicator 8: Experiencing discrimination at work from staff